DOCUMENT RESUME

ED 186 847 TM 800 128

TITLE Accreditation Policies and Procedures for the Colleges of Osteopathic Medicine.
INSTITUTION American Osteopathic Assoc., Chicago, Ill.
PUB DATE 79
NOTE 122p.

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Accreditation (Institutions); Accrediting Agencies; College Administration; Curriculum Evaluation; Educational Facilities; Educational Objectives; *Graduate Medical Education; Higher Education; Institutional Characteristics; Institutional Evaluation; Medical Schools; *Osteopathy; *Self Evaluation (Groups); Standards; Student Development; Teacher Effectiveness

ABSTRACT

The history, process, and policies of accreditation for colleges of osteopathic medicine are outlined in full with particular emphasis on institutional self-assessment in order to promote significant and substantive educational change and to encourage each college to set its own goals and directions. The basic process is described as institutional self-study followed by an on-site evaluation by a committee of professional peers. The characteristics of an effective institutional self-study are presented and procedures are described. This study is designed to be used by the visiting team which reports to the Committee on Colleges of the American Osteopathic Association with a recommendation regarding accreditation. Procedures are also presented for the provisional accreditation of proposed new colleges of osteopathic medicine. Guidelines are presented for implementation of the actual standards for colleges of osteopathic medicine. (Author/CTM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED186447

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

ACCREDITATION POLICIES AND PROCEDURES

FOR THE

COLLEGES OF OSTEOPATHIC MEDICINE

THE COMMITTEE ON COLLEGES AND

BUREAU OF PROFESSIONAL EDUCATION

OF THE

AMERICAN OSTEOPATHIC ASSOCIATION
212 EAST OHIO STREET
CHICAGO, ILLINOIS 60611
(800) 621-1773

1979 EDITION

TM800 128

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

D. Ward

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

AMENDED:

Memo B-July/75-63
Memo B-July/76-26
Memo B-Feb./77-42
Memo B-July/77-18
Memo B-Jan./78-71,72,73
Memo B-Feb./79
Memo B-July/79

FOREWORD

This manual presents a description of the accreditation philosophy and function of the Bureau of Professional Education of the American Osteopathic Association. The document includes sections on the educational standards in the accreditation process, institutional self-study, and the development of new colleges of osteopathic medicine. An Appendix containing relevant items is attached. The manual is intended to provide assistance to each college in attaining standards of education which will assure society and the osteopathic medical profession that graduates will be competent to meet society's expectations; assure students that their educational experience will be appropriate and valid; and enable each college to ascertain that its efforts and expenditures are suitably allocated.

The concepts, principles and procedures suggested here provide helpful guidelines for accreditation. The document is not intended to deter an institution from suggesting alternatives or carefully planned innovative and experimental academic programs in osteopathic medical education.

TABLE of CONTENTS

		PAGE
	Foreword	i
	Table of Contents	ii-iiii
Part I	THE AMERICAN OSTEOPATHIC ASSOCIATION & BUREAU OF PROFESSIONAL EDUCATION	1
	. A Brief History in Accreditation	2- 3
	. American Osteopathic Association Recognition	4- 5
	. The American Osteopathic Association Accrediting Function	5- 6
Part II	THE ACCREDITATION PROCESS	7
	. Changing Conceptions of Accreditation Nationally	8- 9
	. The American Osteopathic Association Philosophy of Accreditation	10-11
	. The Purpose of Accreditation	11-12
	. Types and Purposes of Institutional Visits	12-14
	. Reconsideration and Appeal Procedure	14-15
	. Complaint Review Procedure	15-20
Part III	THE SELF-STUDY PROCESS	21
	. The Concept of Institutional Self-Study	22
	. Characteristics of an Effective Institutional Self-Study	22-23
	. Planning for the Self-Study	23-26
	. The Self-Study Committee	26-27
	. Facilitating the Work of the Self-Study Committee	27-30
	. The Institution's Self-Study Report	30-31
	. Maximizing the Impact of Self-Study	31-33
	. Annual Reports	33
	. Committee on College Preparation for Institutional Visit	33-34
	. The Visiting Team	34-36
	. Areas of Review	36-37
	. The Visiting Team Report	37-40
	. Confidentiality	40-41
	. Accreditation Actions	41-44
	. Official Statements Regarding College Accreditation	44-45

TABLE of CONTENTS (Continued)

		PAGE
PART IV	NEW COLLEGES OF OSTEOPATHIC MEDICINE	46
	. Introduction	47
	. The First Steps	47
	. American Osteopathic Association Policy Statements Regarding New Colleges	48- 49
	. Plans for "Pre-Accreditation Status"	49- 50
	. The Pre-Accreditation Site Visit	50- 56
	. The Status of Provisional Accreditation	56- 57
	. The Annual Review	57
Part V	GUIDELINES FOR IMPLEMENTATION OF THE ACTUAL STANDARDS FOR COLLEGES OF OSTEOPATHIC MEDICINE	58
	. What are the Educational Goals of the College of Osteopathic Medicine?	59- 60
	. Are the Necessary Resources Available for Fulfilling the Goal?	60- 65
	. Is the College Well Organized for Carrying Out its Educational Task?	65- 70
	. Are the Curricular and Instructional Programs Adequate to Serve the Purpose of the Institution?	70- 77
	. Do the Institution's Policies and Practices Foster High Faculty Professional Satisfaction?	77- 78
	. Is the Total Student Experience on Campus Relevant to the Educational Task?	79- 81
	. Is Student Accomplishment Consistent with the Purposes of the Institution?	82- 83
	. Clinical Facilities and Experiences	83- 85
APPENDICES		86
A	. Educational Standards for Colleges of Osteopathic Medicine	87- 93
B	. Criteria for Membership on the Board of Trustees, Bureau of Professional Education, Committee on Colleges, Council on Osteopathic Educational Development, and Committee on Basic Documents	94- 97
C	. Basic Institutional Data	98-100
D	. Organization and Flow of Self-Study	101
E	. Contents Suggested for Self-Study Report	102-103
F	. Institutional Data Summary Self Evaluation Form	104-105

TABLE of CONTENTS (Continued)

		PAGE
G	. American Osteopathic Association; The College of Osteopathic Medicine Accreditation Process Document Request List A & B	106-107
H	. American Osteopathic Association; The College of Osteopathic Medicine Accreditation Process Visiting Team Final Report Format	108
	and	
	. American Osteopathic Association; College of Osteopathic Medicine Accreditation Process Individual Team Member Evaluation Report Form	109
I	. Policies Governing Reconsideration or Appeal of Accreditation Action	110-113
J	. Launching and Completion of an Institutional Self-Study	114-116

ACCREDITATION POLICIES AND PROCEDURES

FOR THE

COLLEGES OF OSTEOPATHIC MEDICINE

PART I

THE

AMERICAN OSTEOPATHIC ASSOCIATION

AND

BUREAU OF PROFESSIONAL EDUCATION

A BRIEF HISTORY IN ACCREDITATION. The American School of Osteopathy was established by Dr. Andrew Taylor Still, a registered physician and surgeon in the State of Missouri, at Kirksville, Missouri. Its corporate charter (May 11, 1892) granted the corporation and its Board of Trustees the right to confer the M.D. degree, but, the D.O. degree was chosen instead.

By 1898 when a number of osteopathic colleges had been established, there was a lack of uniformity in the requirements of the various schools, both for admission and for graduation. Early osteopathic educators and leaders recognized the fact that high educational standards had to be attained and maintained.

The American School of Osteopathy issued an invitation to all the osteopathic colleges to attend a meeting in Kirksville, Missouri, June 28, 1898, to form an association of osteopathic colleges.

In 1897, the first Constitution of the American Association for the Advancement of Osteopathy (forerunner of the American Osteopathic Association) was adopted and among the several committees provided for was the Committee on Education. The Constitution provided that the Committee on Education of the American Osteopathic Association, together with the Executive Committee of the Associated Colleges of Osteopathy, should constitute a joint committee to investigate schools applying for membership in the Association Colleges of Osteopathy, to make annual investigation of schools already members and to make an annual report on these schools to the Board of Trustees of the American Osteopathic Association.

The Committee on Education was charged with the duty of reporting annually on the condition of each school. The Committee was instructed by the Board of Trustees that the Board and members of the Association were primarily interested in the following:

1. Does the character, equipment and work of a particular school correctly represent osteopathy?
2. What kind of a man is he, both as to general character and professional qualifications, who, just from school, has opened an office near me for the practice of the same profession?

In 1901, the joint committee adopted the policy of appointing a member of the profession to serve as "college inspector", sometimes referred to as a "censor". In 1902, the Bylaws of the American Osteopathic Association for the first time provided machinery for the inspection and approval of osteopathic colleges. The first college inspection was made in 1903, and on the basis of the report to the Board of Trustees, the members of the Associated Colleges of Osteopathy were approved. By 1915, it was agreed that expenses of college accreditation would be borne by the American Osteopathic Association.

In 1923, the Department of Education was changed to "The Bureau of Professional Education", and two years later, "The Bureau of Colleges" was added. In 1928, the two bureaus were joined together, and in 1930, the Bureau of Professional Education and Colleges was established. In the following year the Board of Trustees approved a recommendation that the Chairman of the Bureau of Professional Education and Colleges and the Chairman of the Committee on College Inspection, a sub-committee of the Bureau, should be one and the same person.

In 1938, a policy was adopted to create official inspection committees of two or three members to inspect each osteopathic college at least once every two years. In 1949, a new policy of college inspection known as the "Survey Committee" was adopted, which provided for a complete survey of each college to be performed by a survey team of from four to seven members at least every three years.

In 1959-60, after several years of study, a reorganization of the educational structure of the American Osteopathic Association took place. In order to bring all facets of osteopathic education under one body, a new Bureau of Professional Education was organized. The Bureau now coordinates four Committees that deal with various phases of osteopathic education:

(1) The Committee on Colleges, the evaluating unit of predoctorate education;

(2) The Committee on Postdoctoral Training, the evaluating unit of internships, residencies, preceptorships and other post-doctorate programs;

(3) The Committee on Continuing Medical Education, the unit which evaluates programs and recommends approval of CME credits;

(4) The Advisory Board of Osteopathic Specialists, the unit which recommends the approval of specialty certification.

These committees evaluate; the Bureau serves as the accrediting agency for colleges of osteopathic medicine, and the Board of Trustees is the final appeal body. The Board of Trustees is the final approving and appeal body for the Committee on Postdoctoral Training, the Committee on Continuing Medical Education and the Advisory Board of Osteopathic Specialists.

American Osteopathic Association Recognition. The Bureau of Professional Education of the American Osteopathic Association is currently recognized by the Council on Post-Secondary Accreditation* as the accrediting agency colleges of osteopathic medicine which have programs for the purpose of educating osteopathic physicians. Since 1952 the United States Office of Education has recognized the Bureau of Professional Education of the American Osteopathic Association as the accrediting body for colleges of osteopathic medicine for the purposes of determining institutional eligibility for federal programs in aid to education.

*The Council on Post-Secondary Accreditation is the non-governmental agency recognized by higher education institutions to approve national agencies for accreditation purposes.

5.

The history of osteopathic college accreditation shows that from the very start the osteopathic profession has been interested in attaining and maintaining high educational standards in the colleges and has been actively helpful in assisting the colleges to attain these standards. (See Appendix A for Education Standards for Osteopathic Medicine)

THE AMERICAN OSTEOPATHIC ASSOCIATION ACCREDITING FUNCTION.* The Committee on Colleges, with the staff support of the AOA Office of Osteopathic Education, is the first level in the accreditation process. The Committee reviews the status of all recognized colleges of osteopathic medicine. It receives reports of its site-visiting teams and reviews documented reports. They make recommendation for approval of status of accreditation to the Bureau of Professional Education.

It also recommends to the Bureau of Professional Education any change in procedural policy relative to site visitation or accreditation.

It is the responsibility of this Committee not only to serve as an evaluating agent of the colleges of osteopathic medicine, but also to serve as a consulting body to these colleges should the colleges request advice in matters of accreditation policy or education management and policy.

Early in the administrative year, the chairman, in concert with the AOA Office of Osteopathic Education, invites different individuals from the profession at large or faculty from the existing colleges of osteopathic medicine and consultants from outside the profession, to serve on visiting teams that will make site visits during the coming year.

*See Appendix B for outline on composition of the bodies involved in accreditation and criteria for membership.

The next level in the accreditation procedure is the Bureau of Professional Education. The Bureau is the official accrediting agency for osteopathic education leading to the D.O. degree. The Bureau holds its regular meetings twice annually. Its deliberations and actions are reported to the Board of Trustees of the American Osteopathic Association at its mid-year and annual meeting.

The Bureau of Professional Education also reports its actions to appropriate federal agencies concerned with the status of accreditation of colleges of osteopathic medicine in the United States.

The Board of Trustees of the American Osteopathic Association is the final appeal body for accreditation. Normally, the Board of Trustees accepts the recommendations of the Bureau of Professional Education. Should there be an instance where a college of osteopathic medicine under review does not agree with the determination of the Bureau about its accreditation status, the Board of Trustees serves as a final body of appeal.

ACCREDITATION POLICIES AND PROCEDURES

FOR THE

COLLEGES OF OSTEOPATHIC MEDICINE

PART II

THE ACCREDITATION PROCESS

CHANGING CONCEPTIONS OF ACCREDITATION NATIONALLY. Accreditation, as carried on in the United States, has been conducted through a number of regional and professional accrediting agencies. The six regional accrediting associations, with membership composed of the accredited institutions, are concerned with all aspects of the programs of the institutions which they accredit. However, the institution is accredited as a unit for all programs. The addition of new programs, whether at the same level as the existing accreditation (associate, baccalaureate, master's, specialist, or doctorate, or at a higher level), may call for re-examination and re-accreditation. Institutions are also reviewed at intervals. Professional programs, as well as graduate and undergraduate programs, are included in the accreditation examinations, although separately accredited professional programs are ordinarily given limited attention. The Council on Postsecondary Accreditation (COPA) which resulted from a merger of the Federation of Regional Accrediting Commissions for Higher Education (FRACHE), and the National Commission on Accrediting (NCA) provides a forum within which agreements are reached and maintained on definitions, policies and procedures.

The Council on Postsecondary Accreditation was organized to achieve some order in professional accrediting by recognizing professional accrediting agencies which met acceptable standards and procedures and to discourage unnecessary duplication.

Accreditation provides a public service and protection by offering some assurance of at least minimum quality in the institutions accredited. It also provides an incentive and assistance for institutions to maintain and improve the quality of their programs. More recently, accreditation has become the basis upon which the United States Commissioner of Education recognizes an approved list of institutions eligible for various types of federal assistance or support.

9.

Accreditation in its earlier days depended very heavily on extensive data and development of norms, as well as upon subjective appraisal by visiting teams. In some ways, therefore, accreditation was viewed as prescriptive of program and procedures, and was also regarded as inimical to innovation and experimentation. Although still centrally concerned with maintenance of quality, accreditation has gradually shifted its emphasis toward encouraging improvement based on continuing self-study and the generation of evidence of the quality of program outputs, especially as reflected in the character and success of degree recipients. (See Part III dealing with the Self-Study Concept.) This approach is currently viewed as much more conducive to innovation and exploration of educational alternatives. Thus, in medical education, new patterns of instruction that merge the pre-clinical and clinical educational experiences are viewed, not as a doubtful departure from tradition, but rather as exploration of educational patterns possibly more relevant and thus motivational to students, as well as more realistic and integrative in actual practice.

The current objectives of accreditation, while retaining all of the original purposes, emphasizes to a much greater extent than was originally true the continuing study of programs, the dissemination of information about promising innovation, and the use of campus visits, data collections and consultation as means of encouraging self-study by the institutions. Where, as is usually the case, the professional program is embedded in an institution conducting other educational programs, the interrelation, interaction, and mutual reinforcement of these programs become increasingly important as evidence of a drive toward excellence becomes evident.

THE AMERICAN OSTEOPATHIC ASSOCIATION PHILOSOPHY OF ACCREDITATION.

The American Osteopathic Association views the accreditation process as a vote of confidence in the institution by its peers. A major concern of any complex institution is how to build a case on which to inspire a vote of confidence. Indeed, the ability of a college to present itself to its reviewers in terms of its mission, its programs and its accomplishments is a measure of the institution's maturity.

The rapid change in the process of institutional accreditation in the last ten years can be characterized as one of a move from inspection based on arbitrary criteria to one of institutional self-assessment. To incorporate this concept of self-study in the college setting is an opportunity for significant and substantive educational change. The Committee on Colleges of the American Osteopathic Association conducts its accreditation visits of the colleges of osteopathic medicine in the light and spirit of these changes in the philosophy of accreditation. That is, it does not attempt to impose rigid conditions and constraints on the host colleges, but rather it encourages each osteopathic college to think in terms of setting its own goals and directions, to develop the mechanisms to carry them out, and then to make an appraisal of the accomplishments and its future potential. In the process each college can choose its unique style of educational practice while at the same time adhering to those broadly accepted standards of osteopathic medicine, professional education and leadership. (See Part V dealing with Standards).

The Committee recognizes that to operate within this framework can produce a considerable degree of positive pressure on the colleges as they account for themselves to the profession, to the citizens, and ultimately, to their students. Moreover, the pressure cannot be reduced via a oneshot accreditation inspection. Instead, complex institutions of professional

education require this built in ongoing self-study mechanism in order to monitor its development.

The Committee on Colleges believes, therefore, that preparation for an accreditation visit and preparation for a self-study, are interrelated. In this setting, the colleges and the accreditation agency have a chance to review cooperatively the objectives and the outcomes of the institution in a climate of professional maturity and trust.

THE PURPOSE OF ACCREDITATION. The accreditation process focuses on all aspects of a college such as the student body, the administration, the financial background, the faculty, the teaching equipment, the laboratories, the library, the clinical facilities, the curriculum, the plan for hospital clerkships and internships and physical plant, against widely recognized and, in some cases, approved minimum standards, known as Educational Standards for Osteopathic Colleges, which are recommended (and revised from time to time, in consultation with the American Association of Colleges of Osteopathic Medicine) by the Bureau of Professional Education and approved by the Board of Trustees of the American Osteopathic Association. (See Appendix A). Each college is required periodically to complete a self-study and provide data which constitute an important part of its evaluation.

College accreditation is a complex procedure; it takes into consideration local conditions and many other intricately related factors. No simple or inflexible formula or procedure is possible. An institution is judged upon the total pattern and evidence presented, provided that the minimum standards are met. Institutions may show wide variations in curriculum and in methods of instruction, and they vary in excellence of attainment. Superiority in one phase of a program may compensate, in some measure, for minor deficiencies in others. It is desirable to cherish all institutional variations that are educationally sound, while continuing to emphasize

characteristics that are basic, such as the competence of the faculty, proper coverage of the curriculum, effective administration, adequate scholarship, sufficient clinical opportunities, financial adequacy, and especially evidence of the quality and capability of the graduates.

Supplementary sources of information about a given institution though in no way supersedes personal visitation and regular reporting, are also taken into consideration. These include informal reports from alumni, students, members of faculty, directors or members of the Board of Trustees; individual and group conferences held with representatives of the college away from the institution; correspondence, transcripts of credits and student records; study of the curriculum; study of the catalog; the results of tests and comprehensive examinations, and the reputation and performance of graduates.

TYPES AND PURPOSES OF INSTITUTIONAL VISITS. The American Osteopathic Association makes use of the following three types of studies in the accreditation process:

1. FULL SURVEY

Each fully approved college of osteopathic medicine must undergo a full survey at intervals of five to eight years. A full review team will consist of an adequate number of individuals representing administration, finance, student affairs, pre-clinical and clinical science disciplines necessary to fully evaluate the institution and includes those consultants from outside the profession deemed appropriate by the Chairman of the Committee on Colleges and the Secretary of the visiting team (namely, the Director of the American Osteopathic Association Division of Predoctoral Education). A currently matriculated student from another osteopathic college shall be invited to serve on the team. The study will ordinarily require about three days. The full survey, in organization and in focus,

will depend greatly upon the self-study and the report completed by the osteopathic college in advance of the visit. (See Part III on Self-Study). The Chairman and the Secretary of the visiting team will prepare a report which is forwarded to the Chief Executive Officer of the osteopathic college for factual review prior to final writing of the report document. This written document amplifies the oral informal report made to the chief executive officer and other representatives of the college on the last day of the review. The final report, plus recommendations, is then presented to the Committee on Colleges.

2. INTERIM PROGRESS REVIEW

The Interim Progress Review is utilized to review specific areas of the college which were studied in a previous visit, to progress toward the fulfillment of recommendations given at that time or to meet specific current needs of the colleges. This type of visit will occur at intervals between full surveys as recommended and approved by the Committee on Colleges. The areas to be studied will be designated by the Committee on Colleges through its Chairman. Alternatively, a college concerned with certain problems or innovations may request such an examination. The size and makeup of the visiting team will depend upon the nature and extent of the examination. So, too, will the length of the visit, but generally, two days should be adequate.

The college will be asked to prepare and submit in advance those materials specific to the areas, procedures or problems to be examined. (See Appendix G for Documents Request List.)

The evaluation committee's report will be submitted to the Committee on Colleges following the same procedure as those for the full survey.

3. VISITATIONS

Visitations may be required by the Committee on Colleges on the basis of prior Full Surveys and Interim Progress Reviews. They will generally be conducted by one or two evaluators who undertake to assess the fulfillment of specific recommendations from prior visits or to evaluate progress in specific respects designated by the college administration. A report to the Committee on Colleges will be drafted, following insofar as appropriate, the procedures specified for the other types of visits. Usually this type of visit will be limited to interviews with administration and members of the staff responsible for the area of concern. Alternatively, a college may request such a visit or consultation to provide assistance in program study or to offer counsel in reference to revisions or innovations. Thus, this category of visit may be regarded as an assessment of progress in fulfillment of recommendations made in previous surveys or reviews or as a monitoring of major changes or innovations of broad interest to all colleges of osteopathic medicine. Accordingly, visits will require less extensive but more specifically focused preparation. Colleges may also, if they wish, arrange for use of consultants without processing the request through the Committee on Colleges.

RECONSIDERATION AND APPEAL PROCEDURE. A procedure exists whereby an institution may ask for reconsideration if it feels it is not receiving proper evaluation for accreditation. The first possibility is the visiting team itself. An institution might take exception to a visiting team's report on the grounds of differences of opinion, statements of the facts of the matter, or differences in interpretations presented by the report. In such a case, the chief executive officer of the college may request a change in the report or the recommendations of the chairperson of the visiting team. Should the issue remain unresolved, the institution

may request a reconsideration of the visiting team's final report by the Committee on Colleges.

Should the Committee on Colleges uphold the position of its visiting team so that matters in question remain unresolved, further consideration is possible. The chief executive officer of the institution may then appeal the recommendation of the Committee on Colleges by presenting the institution's position to the Bureau of Professional Education.

If the matter is not resolved to the satisfaction of the institution at the Bureau level, there is still an opportunity to appeal to the Board of Trustees of the American Osteopathic Association. The decision of the Bureau may either be upheld or the matter shall be returned to the Bureau with directions. (See Appendix I).

The appellant's request is considered by the Committee on Appeals consisting of five former Trustees of the Board of Trustees and two public representatives, neither of whom are D.O.'s, selected specifically for the case at hand by the President of the American Osteopathic Association in consultation with the chief executive officer of the college entering the appeal to ascertain if there is basis for an appeal to the full Board of Trustees. There must be evidence of improper procedure by the Committee on Colleges or the Bureau of Professional Education which has denied due process to the institution or gross errors of fact before the appeal will be heard by the full Board of Trustees.

It should be understood that there will be no change in the accreditation status of an institution pending disposition of the appeal.

COMPLAINT REVIEW PROCEDURE. Complaint procedures are established (a) to protect the integrity and the maintenance of educational standards as they relate to the AOA accredited colleges, and (b) to provide a mechanism for concerned individuals or organizations to bring to the attention of the accrediting agency information concerning specific ideas and programs which

may be in non-compliance with AOA's educational standards. By establishing formal complaint procedures, the AOA recognizes responsibility to provide responsible complainants the opportunity to utilize the AOA as a vehicle to deal with specific grievances.

Section 1

1. Who may file a complaint

Complaints may be filed by any individual or group including, but not limited to the following: any student, member of the general public, and an individual or institution affected by the accreditation program academically or professionally.

2. Procedure for filing an official complaint

A. Informal consultation

A complainant, as defined above, shall first seek informal consultation with the Secretary of the AOA Committee on Colleges to discuss a potential complaint and possible means of resolving the problem without recourse to a formal complaint. All complainants should initially attempt to resolve any differences or problems with specific accredited colleges through direct dealings with the college in question. A complaint to the AOA should only be made after these attempts at resolution have proven to be unsuccessful.

Complainants will be encouraged to seek a third party to act as mediator. Through a spirit of collegiality, it is hoped that these mediators can help the complainant and the accredited college resolve their differences in an effective and informal manner.

2. Formal Complaint

If the complainant is unable to reach an agreeable solution to his grievance through this informal consultation, the responsibility for filing a formal complaint to the AOA remains with the complainant.

3. Criteria appropriate to a formal complaint

(a) The complaint shall be in writing from a responsible individual, group or organization as defined in Section 1.

(b) The complainant shall present a question regarding only the AOA approved educational standards for the college of osteopathic medicine. It shall be based upon direct and responsible information and this information shall be accurate and well documented.

(c) The complainant shall produce evidence that an effort has been made to resolve the problem through appropriate college or university channels.

(d) The complainant shall include information about other actions initiated to resolve the problem.

(e) The complaint shall be presented in writing to the Secretary of the Committee on Colleges of the American Osteopathic Association. The Secretary will then send to the college in question a copy of the complaint and request from the college its version of the difficulty. A copy will also be sent to the Chairman of the Committee on Colleges. The determination of whether a complaint merits further investigation will be made by the Committee on Colleges/or Subcommittee of the Committee on Colleges.

(f) If the complaint warrants further investigation, the Chairman of the Committee on Colleges will notify, in writing, the complainant and the college concerned that the complaint has been accepted for investigation. Also, if the complaint is NOT accepted for further investigation, the complainant and the college concerned will be notified in writing.

4. Investigation of a complaint

If a complaint warrants further investigation, it will be initiated within thirty (30) days by the Secretary of the Committee on Colleges, in cooperation with general counsel, and a Subcommittee of the Committee on Colleges appointed by the Chairman. The Subcommittee will decide what particular method of study and mode of investigation is most appropriate for the complaint that has been received.

The Chief Administrative Officer of the institution will be informed of the preliminary findings and will be provided an opportunity to comment on the appropriateness of the findings and to submit additional written comments if the institution disagrees with the findings.

The information obtained from the institution will be reviewed and considered prior to further action. If the institution is in substantial agreement with the proposed findings, the Subcommittee of the Committee on Colleges will develop a response to the complaint. If the institution is not in substantial agreement with the proposed findings, an effort will be made to identify and reconcile the possible differences.

(a) Following the reconciliation of differences, the Subcommittee will develop a response to the complainant.

(b) If a reconciliation of differences cannot be obtained, the Subcommittee will develop a response to the complainant, and the institution will be provided the opportunity to also file a response indicating any differences that may exist.

(c) The response to the complainant provides for an opportunity for reaction if the resolution of the complaint appears unsatisfactory to the complainant. The Subcommittee will further review any additional information supplied by the complainant and will determine, in cases where a reconciliation of differences cannot be obtained, whether to submit the complaint to the entire Committee on Colleges for a recommendation.

5. Action by the AOA

With the findings of the Subcommittee's investigation before it, the Committee on Colleges may take any of the following actions:

(a) Dismiss the complaint and clear the college.

(b) Postpone a final action on a complaint, if there is evidence that the college in question had made responsible progress in rectifying the situation that warranted the complaint. If the postponement is made, the matter must come before the Committee on Colleges within one-year from the time of postponement for final resolution.

(c) Notify the college in question that on the basis of an investigation, the Committee on Colleges has determined that the college is failing to meet AOA standards. The Committee on Colleges may request that the college submit a report to it outlining plans for dealing with the problem. The Committee on Colleges may also require the college to submit periodic reports dealing with the problem.

(d) If appropriate, procedures for withdrawal of accredited status may be followed.

ACCREDITATION POLICIES AND PROCEDURES

FOR THE

COLLEGES OF OSTEOPATHIC MEDICINE

PART III

THE SELF-STUDY PROCESS

THE CONCEPT OF INSTITUTIONAL SELF-STUDY. Basic to accreditation is the process of institutional self-study, followed by an on-site evaluation by a committee of professional peers. In essence, self-study is an analysis of an institution's resources and effectiveness by members of its educational community. In a self-study, the faculty, administration and governing board declare what they want the institution to be and make their own appraisal of its present accomplishments and future potential. Indeed, this is an opportunity to re-examine its purposes. They define the context in which they want it examined and reveal their levels of expectation. One of the results is apt to be a new surge of common effort to consolidate and improve the whole institution.

Benefits are proportional to the incisiveness and degree of integrity of the inquiry; its aim must be to understand, evaluate and improve, not merely to defend. The fact that an American Osteopathic Association team visit is to follow gives the self-study added impetus, but the views of the visiting team merely sharpen its impact.

Through the process of self-study the institution mobilizes the various elements of the academic and clinical community to reflect on the purposes and effectiveness of the institution. Examination of its strengths as well as its weaknesses, permits it to begin to work towards a solution of identified problems.

CHARACTERISTICS OF AN EFFECTIVE INSTITUTIONAL SELF STUDY. The essential nature of the self-study is perhaps best captured in the series of questions given below:

1. What are the institution's objectives and what obligations does it have?
2. Are the objectives appropriate? Now? Here? For its constituency?
3. Are all the institution's activities consistent with its objectives?

4. Are the programs and activities designed to achieve the objectives?
5. Are the resources available to carry out the program? Will they continue to be available?
6. Is there reason to believe the objectives are being achieved? What is the evidence?
7. What means are used to bring about change?

PLANNING FOR THE SELF-STUDY. Not all self-studies will be of the comprehensive nature suggested by the preceding set of questions--nor should they be. A complete or comprehensive study is desirable at intervals, especially when an institution faces problems or issues so extensive or intensive in nature that a thorough reexamination is essential for clarification and subsequent planning of desired directions for future development. At other times, institutions may find it more practicable to focus a self-study on one or more identified problems. There are a number of questions which should be answered before launching a self-study, and especially before designating the personnel involved:

1. Is the problem one requiring restudy of goals or operating policies, or is it primarily a failure in administration?

   A self-study usually avoids pinpointing weaknesses of individuals and is not likely to correct problems created by poor administration. A self-study is no substitute for lack of administrative willingness to deal forthrightly with a well-defined issue.

   In dealing with problems, administrators may gain assistance from existing faculty committees or invited "advisory committees" by stating the problem and some proposed courses of action. Presented in this way, individuals or committees

can give tacit support to an obviously needed action without having to originate it or actively support it.

2. Is the problem one which should be considered and resolved through existing committees or other agencies?

Committees are of several different types. Some are ad hoc, set up for a particular purpose and terminating when that purpose has been met. Standing committees, by contrast, have assigned areas of continuing responsibility, such as curriculum, retirement and fringe benefits, promotion and tenure. Standing committees may take on any of several roles. The "executive" type attempts to administer an activity. An example is found in an admissions committee which insists on meeting to review every application and decide by vote whether or not to accept or reject. A "policy" committee to write general policies; the application (and perhaps even interpretation) is left to an administrator who may officially be the chairman or secretary of the committee. A policy committee may meet to consider doubtful cases, clarify ambiguous points in policies or serve as an appeal board for rejected applications. An "advisory" committee provides a sounding board for discussion of ideas and policies and perhaps for collection and reporting of reactions to them, but remains advisory to an administrator who may accept, reject, or simply ignore committee recommendations.

Advisory committees can play a continuing role in self-study. As proposals or problems are identified, they may be referred (by another faculty committee or by an administrator) to an advisory committee for study and recommendation--but not for final disposition. The recommendations must still be processed through normal channels.

Although standing committees are not usually appropriate vehicles for self-study, no item that can be properly referred to such committees will justify a special self-study committee. The criteria for that decision involves the distinction between minor changes in current practices or policies and possible major changes or innovations which call for alteration in priorities or structure, or redirection of the institution. Time and intensity of effort required are also factors; ad hoc self-study groups can be given time release, special assistance and freedom from day to day decisions.

3. Is the problem one of sufficient significance that resources can be allocated to support in-depth study over a period of weeks or months? Will the faculty generally recognize the importance of the task so that some will be willing to absorb part of the ordinary work load of those assigned to the self-study task? Can staff support be provided for the study committee to assist in collecting materials and data and making such studies as may be requested? Can funds be alloted so that consultants can be brought to the campus or visits of members of the committee to other campuses be supported?

   Unless the answers to several, if not all, of these questions are positive, the problem is not really of sufficient importance to justify a self-study.

4. Are the incentives or pressures which appear to require the self-study of sufficient gravity to cause general acceptance of the need for the study, willingness to contribute to it, and readiness to attend to the results?

   A self-study required for accreditation or for a grant almost automatically creates acceptance of the need for it, but does not ensure more than perfunctory compliance. Accreditation reviews create even less pressure. Unless there is widespread recognition in the institution of the existence of a problem, a self-study will be seen as generated by administrative officers with the intent to achieve certain changes which they could not attain through ordinary channels. To overcome this, the prelude to a self-study may be a series of studies which point up certain problems,

development of a number of special cases of students or faculty in which there is some evidence that present rules or policies have caused an injustice, or visits by one or more consultants who have highlighted a number of problems and the need for careful consideration of a change in practices, policies or goals.

5. Are administrative officers willing to make available to a self-study group all of the information required to fully understand a problem and the implications of various solutions? Are they willing to entertain exploration of all possible ramifications and consider any well-reasoned and documented analysis and recommendations?

In some institutions, administrators regard certain types of information, such as budget, salaries, rationale and application of certain policies, as highly confidential and refuse to permit access to such information even when it is clearly relevant to the charge given to a committee. A group of individuals should not be asked to undertake study of a problem unless full cooperation is assured in providing any information needed. (See Appendix D for suggested self-study data.)

THE SELF-STUDY COMMITTEE. The first step in setting up the self-study group involves the selection of the committee members. The breadth of representation, in part, depends upon the scope of the study. A study initiated within a department concerned with departmental curriculum problems hardly calls for representation from the board of trustees, but it should certainly include some representation from the office of the dean or administration and contacts with or representation from other departments whose standards are involved. Outside consultants are often useful in providing new ideas and new perspectives on existing practices. Moreover, involvement of students in the institutional self-study process is essential.

Self-studies of all institutional problems require that careful consideration be given to the selection of the study group. Some questions which are regularly raised and some answers based on experience follow:

1. HOW SHOULD STUDY GROUP MEMBERS BE SELECTED?

The alternatives are numerous and include:

(a) Election by academic units (usually colleges in a university since departments are to numerous);

(b) Selection by deans and advisory committees of colleges;

(c) Appointment by the dean or president after nomination by a committee on committees;

(d) Appointment by the dean or president; and

(e) Some combination of election and appointment.

2. WHAT PERSONAL CRITERIA SHOULD BE CONSIDERED IN ESTABLISHING THE MEMBERSHIP OF A SELF-STUDY COMMITTEE?

Individuals who already have strong and previously announced convictions on the issue to be studied are seldom good committee members. Individuals respected by their associates are essential, but overattention to this criterion can result in a group with little knowledge and perhaps even no great interest in the problems.

Individuals who might advance themselves through committee recommendations are questionable choices, but this is not easily forseen. In particular, the chairman should be a person of recognized stature with an already well-established career, especially when some new unit or administrative office is a likely recommendation. More than one self-study chairman (or committee member) has been disillusioned and alienated when a committee recomendation which he strongly espoused did not lead to his own advancement.

FACILITATING THE WORK OF THE SELF-STUDY COMMITTEE. When a self-study is being planned, some outline or background should be given to all committee members at the first meeting or even in advance of it. (See Appendix D for suggested organization.) In the process of defining the task and simultan-

eously of getting acquainted, each individual should have an opportunity to state his concerns, raise questions, suggest relevant data, indicate sources of help for the committee and suggest procedures.

If some requested data are already available, these should be prepared for distribution and explained by those responsible for the collection. Usually, there will be a number of resource persons identified that should be invited to make presentations to the entire committee. If a number of relevant studies are mentioned, the office of institutional research, other appropriate agencies or individuals, or committee staff should be asked to initiate the studies. It is rarely profitable to record all statements and discussions in detail, but a member of the committee or a study director (possibly the chairman) with stenographic assistance, should be asked to keep minutes and process these for distribution at or before the next meeting. Invited statements by resource persons or consultants and research reports should be reproduced and distributed for later use and to ensure that absent members have the benefit of this information. For comprehensive self-studies, separate committees or sub-committees may have been designated at the initial stage. If so, an overall coordinating committee or council is essential and the suggestions thus far would be appropriately applied to it or to a combined session of all committees. If subcommittees have not been identified previously, early discussions will usually define reasonably discreet aspects of the task. Subcommittees can then be identified on the basis of interest and assigned to these topics. In forming subcommittees, it is usually wise to add some individuals to each subcommittee who do not serve on the main committee. Such individuals are usually readily identified by interests and competency in the topic. If resources permit, each subcommittee should have a staff person to follow up on its requests and assist the subcommittee

chairman in maintaining records of its deliberations. In large institutions, it has sometimes been helpful to identify in each college or department a liason person or subcommittee to discuss and report on the particular issues and problems of that unit. This pattern can become very cumbersome and the same ends can usually be achieved by scheduled hearings at which individuals or groups can, by prior appointment, present their concerns to the sub-committees or to the total committee.

It is desirable that the entire campus be kept apprised of progress, but early reports should avoid any implication that final recommendations have already been reached. Rather, the emphasis should be on the analysis of the issues, the range of factors considered and alternative solutions which have been suggested.

As individuals or groups (committee or subcommittee members, or others) develop strong views and begin to argue persuasively for them, they should be asked to put these into position papers with their names attached. These papers can be circulated and the suggested alternatives discussed at an appropriate time. Emphasis should be placed on inclusion of relevant data rather than simply on an expression of opinion.

As such position papers accumulate, and as subcommittees come up with tentative recommendations, these can be circulated widely. Open hearings may be scheduled at which individuals may express their reactions and rebut the views expressed. As commissioned studies are completed, the evidence may effectively invalidate certain courses of action which have been suggested.

Individuals and committees should take into account the financial implications of their recommendations. These implications, when related to available resources usually point to the necessity of establishing priorities or of tailoring recommendations to reality. They may completely rule out

otherwise reasonable recommendations, such as giving all advisors a 20 percent reduction in teaching load.

Subcommittee reports are likely to be overlapping and contradictory. Joint sessions may resolve some of these contradictions, but others may have to be resolved by compromise or by majority vote in the total committee. At this point, the issue of minority reports ease the conscience of those who dissent from the majority; they do cast a shadow over acceptance and instrumentation of the report by tossing these issues into a broader form. If these debated issues are not central to the problems studied and are reasonably independent of other recommendations, they can be omitted or relegated to a section containing unresolved issues.

THE INSTITUTION'S SELF-STUDY REPORT. The primary purpose of the self-study is to encourage colleges to devise their own plans for self-appraisal and improvement. The Committee on Colleges does not prescribe the form and contents of the self-study. However, to assist a college in planning and executing its self-study, the following suggestions are provided:

1. The report should be comprehensive - a unified document covering major aspects of the college. (See Appendix E.)

2. The report should include a statement of the college's plans for future curricular, staff, fiscal and plant development.

3. A list of the persons who have taken an active part in the study should be noted in the report.

4. If not previously submitted to the Office of Osteopathic Education, a copy of the articles of incorporation, charter and/or informal authorization from the appropriate governmental agency to award a certificate, diploma or degree should be included as an appendix to the report.

5. The length of the report is a secondary consideration and will depend to some extent on the scope of the educational program. It should be adequate in length to summarize the factual material and the interpretations or judgements based on them.

6. Two copies of the self-study report, and two copies of the most recent institutional catalog should be filed with the Office of Osteopathic Education not later than three months prior to the review. An abstract of the self-study report summarizing major points and highlights must be attached to the document. Approximately twenty-five additional copies of the report should be held at the college for mailing to the visiting team members and subsequent reviewing committees.

The success of the self-study willdepend on the extent to which the college is able to perform an ongoing self-analysis. The significant qualities of such a report include:

1. A factual picture which demonstrates that the college can discriminate between the significant features of its educational program and the less important details of its operations.

2. A critical and objective appraisal of the college's weaknesses and problems, as well as its strengths, based on a careful analysis of the facts that are presented.

3. A unified study which clearly shows the relationship of the various activities of the college to its avowed purposes.

4. A genuine staff project rather than the work of a few individuals.

MAXIMIZING THE IMPACT OF SELF-STUDY. No self-study can be regarded as effective if it does not produce change. On occasion, the change has been reflected only in a strengthened conviction that everything is well with the institution, although it is difficult to believe that institutions exist which are so good that they cannot be improved.

Obviously, the extent to which the study has impact depends upon the:

(a) extent to which a state of readiness has developed for the study;

(b) clarity of the charge given to the committee;

(c) membership of the committees;

(d) tact and leadership of the chairman;

(e) availability and quality of the staff assistance available;

(f) cooperation extended through the institution in providing relevant information;

(g) effective use of consultants, resource persons, etc.; and

(h) quality of report in substance, logic and format.

In addition, the role of continuing communication among committee members, administrators, faculty and students throughout the study is critical. There is no such thing as secrecy on a campus - partial, confused and erroneous revelation and rumor are the result of any attempt to maintain it. If the committee views its job partly as education, it must regularly communicate its concerns, studies and developing points of view to the entire institution. If the committee also views its job as a unifying agent and a synthesizer of ideas, it will solicit opinions, proposals and reactions so that everyone may feel his view has been heard and understood, even though it does not finally prevail. In this process of communication, opinions will be changed and the emerging views of committee members and noncommittee staff may coincide. When this happens, the self-study has been eminently successful.

Achieving implementation of the recommendations will be relatively simple if the educative functions of the self-study have been effectively performed and if opinions have been crystallized which are congruent with the recommendations. The duration of the self-study can be adjusted to accommodate this desired goal. If it is apparent that on some issues there are widely diverse opinions, extension of the study period to provide for more analysis, collection of data and full exploration of contrasting views may be desirable.

Any appraisal of the effectiveness of a self-study based upon how many of its recommendations were immediately adopted is unfair. A more sensitive evaluation will seek to determine two or three years later whether:

(a) practices have been gradually modified to accord with recommendations, even though the recommendations were never formally accepted;

(b) recommendations, perhaps somewhat modified, have been adopted at a later date with or without reference to the self-study report; and

(c) changes in policy and in practice have been made which differ from the self-study recommendations, but which emerged as a result of the continuing ferment induced by the study.

ANNUAL REPORTS. A part of the continuing process of approval and accreditation is the required submission of annual reports by each college not visited during that academic year. (Appendix F.) These annual reports will include certain specified data on students, faculty, facilities and a financial statement. In addition, a report of program changes, innovations and studies which provide information on the character of the total program and which may be of interest to other colleges will be requested. Information supplied in these reports will be used by the Committee on Colleges, the Bureau of Professional Education and the Board of Trustees in making decisions on accreditation. The reports may also provide a basis for requiring a visit. In extreme cases, the next scheduled visit may be adjusted to an earlier date.

COMMITTEE ON COLLEGE PREPARATION FOR INSTITUTIONAL VISITS. Campus visits will be scheduled during the normal work periods of the college. Official holidays, examination periods and the days immediately adjacent to them will be avoided. The dates of professional meetings, which may attract significant numbers of faculty will also be avoided. The chief executive officer will be consulted in establishing mutually suitable dates. Utilization of the early part of the week has proved advantageous since it permits weekend travel for the visiting team and carries less hazard of conflict with extracurricular activities of the college.

The college will send to the Office of Osteopathic Education, a month prior to the visit, a set of documents which best represent the progress made since the last visit. This information will then be forwarded to each visiting team member for review. Also, the college will be asked to make available on campus, in a room set aside for the visiting team, additional

data which may be helpful in the evaluation. (See Appendix G for Document Request Lists.)

THE VISITING TEAM. The personnel for site visits are appointed by the Chairman of the Committee on Colleges from a list of persons well qualified for the complex study of the many processes and procedures that comprise an osteopathic medical college. The criteria for membership on a visiting team consists of expertise in the specialized area of concern such as pre-clinical sciences, clinical sciences, curriculum, evaluation, administration, finance, student affairs, etc. The concurrence of the composition of the team is sought and received from the chief executive officer of the college. In the case of objection to a team member, an approved substitution will be made. The appropriate regional association of colleges and secondary schools is asked to suggest a "specialist" to serve with the visiting team. This person, preferably a higher education administrator, will be asked to study the administration of the college (administrative organization, faculty organization, finances, students, records, etc.) and to assist the committee in advising the college of its strengths, weaknesses and methods for improvement. Informal visits will normally be conducted by members of the Committee on Colleges unless other persons with particular skills are required.

A chairman and secretary are designated for each visiting team, but not necessarily for informal visits which are much less formal in structure. The chairman, usually a member of the Committee on Colleges, is responsible for the assignment of duties to each member of the team, for supervision of the adequacy of the evaluation and for the collection and synthesis of reports from the members of the team. He will notify each member of the team, at least two months before the date of the college study, of the schedule of meetings, general assignment of responsibilities and other

pertinent information relative to the planned study.

The secretary of the team, with the full cooperation of the Office of Osteopathic Education, will be responsible for:

(1) Travel arrangements for the members of the team;

(2) Living accomodations for members of the team;

(3) Supplying copies of previous reports and recommendations relative to the college to be studied, copies of the college catalog, copies of class schedules and other relevant materials;

(4) Distribution of copies of the manual and of various forms and check lists to be used in the study.

An organizational meeting of the visiting team shall be held on the afternoon or evening preceding the first day of the examination. The agenda for this meeting shall include the following items:

(1) A brief summary of the history of the college;

(2) General review of the information previously sent by the college to the Office of Osteopathic Education;

(3) Review of the report and recommendations of the last previous survey and of subsequent inspections or visitations;

(4) Identification of areas where previous evaluation has indicated the need for further study;

(5) Assignment of conferences with administrators and faculty and discussion of the particular questions or issues to be discussed in each;

(6) Review of the records made by students and graduates of the college in various state board or basic science examinations, as reported by the National Board of Examiners for Osteopathic Physicians and Surgeons, and the Federation of State Boards, etc. Particular attention should be focused on issues or areas of concern suggested by this record.

(7) Assignment of responsibilities for visits to classes and clinics;

(8) Distribution of appropriate forms;

(9) Indication of formal meetings with faculty, trustees, etc., as may be arranged;

(10) Agreement on the times of further meetings of the team.

The first contact with the college should be in the form of an interview with the administrative officers. The chairman of the team should outline the purpose of the visit and seek the cooperation of the administrative officers in arranging any aspects of the visit which have not been previously confirmed.

The initial administrative interview need not be a "fact finding" session if the chairman and designated members of the team are familiar with the material already provided. It can better serve as a period for discussion with the administrative officers of specific issues or areas of concern in the entire structure of the college. Questions concerning the organization of the governing board and its relationship with the administration, the organization and personnel of the faculty, the financial structure and status of the college, the effectiveness of affiliated institutions in the teaching program, student recruitment, the relationship of the alumni organization, may be appropriately explored in the administrative interview - especially if team members have expressed some special interest or concern not adequately covered in the materials provided.

AREAS OF REVIEW. The chairman of the team will assign each area to one or more members of the team. It may be advisable to assign all of the basic science departments to the same persons, thus providing a correlated evaluation of the total basic science program of the institution. Similar considerations may be involved in other assignments.

A copy of the Educational Standards for Osteopathic Colleges will be supplied to each team member. It shall be that person's responsibility to become familiar with these standards and to report upon whether these standards are met in each area of evaluation under his responsibility.

Each evaluator shall make a thorough study of the catalog description of the units assigned to him. That person should become familiar with the number of didactic, laboratory or clinical instruction allotted to each course and he should examine the course outlines for each course.

The attitudes of the student body toward the academic program, the faculty and the administration afford valuable insights into the strengths and weaknesses of any particular college.

Representative members of all classes should be contacted and effort should be made to develop a cross section of expressions.

THE VISITING TEAM REPORT. Each member of the visiting team will have viewed different segments or cross sections of the college than will other members. Each may also have been present at some sessions with administrators, board members and others, wherein each one's perceptions of the statements and discussions were somewhat different from those of his colleagues. Each person will have been involved in several sessions with colleagues on the evaluation team which, while clarifying or mofifying personal views, may still have left each one with a distinctive view not adequately conveyed by a synthesized or majority statement. Moreover, in the interests of brevity, the final report probably will not include all details, but rather concentrate on outstanding strengths, concerns and particularly, areas of weakness which require immediate or concentrated attention. Each member of the visiting team will submit a report of his observations and judgements. This report should deal with each of the areas or units to which that person was assigned.

Each of the reports should follow an outline previously agreed upon as appropriate for the final report. This uniformity in organization will greatly ease the task of the chairman in consolidating the reports. (See Appendix H for suggested forms.)

These individual reports should be completed and passed to the team chairman before the team leaves the campus. The essence of these reports will have been presented in various team discussions from which the chairman and secretary will have developed an outline of major points to be presented orally by the chairman to the chief executive officer (and others whom he may invite to attend) in a final session prior to departure. In any subsequent discussion, individual team members may want to clarify, extend or interpret points already made . Individuals may occasionally be asked to respond to questions extending beyond the oral report of the chairman and referring specifically to units or aspects of the college included in their assignments.

The pre-departure oral report should include commendations for particular strengths observed and agreed upon by a majority of the team. It should include matters or issues of concern and it should especially emphasize weaknesses which command immediate attention and corrective action. In brief, the oral report should provide the college with an accurate preview of the final report and foreshadow the final action on accreditation of the college, especially when this action may be rather stringent. However, the tentative recommendations regarding action on the accreditation of the college shall not be presented. Such suggestions as are presented in this oral report and in the later written report shall emphasize the necessity of attention to and action upon certain matters rather than specific corrective actions. Thus, a deficiency in counseling may be noted and correction recommended, but the precise number of counselors, their physical and administrative placement, education and experience and salaries are matters to be resolved locally.

Following the pre-departure oral report made at the college, the chairman (and secretary) will prepare the tentative final copy of the report. This will follow the agreed upon outline and incorporate the essential

elements of the individual reports, but will not identify these by name and will not undertake to reflect all variants in views nor all matters evaluated and discussed. It will concentrate on essentials - noting major strengths, but commenting in depth on weaknesses and concerns documented briefly by specifics wherever possible.

A complete copy of this report, including final recommendations, will be sent to each team member for review - correction, deletion and/or minor editing. A copy of this same tentative report will be sent to the chief executive officer of the college with an indication that it is tentative and that any errors or misunderstandings should be noted and called to the team's attention. Additional data may be submitted in documenting errors, but they must depict the situation as of the date of the campus visit. If major adjustments are required in the report as a result of these contacts, a second version may be required. Ordinarily, the chairman can make the necessary changes. Having done so, he forwards the report to the secretary of the Committee on Colleges. The complete report is duplicated, read, evaluated and discussed by that committee. The team chairman will be present as a resource but will not participate in the final decision reached by the committee. The chief executive officer of the college shall be given an opportunity for comment on the report if he so requests. The committee may approve, alter or elaborate upon the recommendations made by the visiting team but must be careful to point up the reasons for so doing. The report, including both the original and any modified recommendations, is then forwarded to the Bureau of Professional Education. The Bureau may accept and approve or modify the recommendations of the Committee on Colleges.

The chief executive officer of the college shall be informed of the date of the meeting at which the Bureau of Professional Education will consider the report and be provided with the opportunity to make a statement. This statement may focus on issues or interpretations which the dean or president still considers unfair or incorrect despite the earlier opportunity for correction. It may report on steps taken since the campus visit to remediate certain especially undesirable situations. Although the accreditation action should be based on the status of the college at the time of the visit, it is evident that strongly voiced concern, remedial action or elimination of certain deficiencies might reasonably moderate the stringency of an action recommended to the Bureau of Professional Education. The Bureau will then take action.

The actions of the Bureau of Professional Education on the accredited status of a college shall be communicated to the college and to the Board of Trustees. As indicated, these actions, other than public probation or termination of accreditation, are final. Recommendations of the Bureau for public probation or for termination of accredited status must be approved by the Board of Trustees. The College may take advantage of the appeals process. (See Appendix I.)

CONFIDENTIALITY. Accreditation reports are confidential between the Committee on Colleges and the osteopathic college involved. Premature and/or unauthorized disclosure of information reflecting visiting team or Committee views or recommendations concerning the accreditation status of a college is not permitted.

The chief administrative officers of osteopathic colleges are encouraged to make accreditation reports available to faculty members and others directly concerned. The Committee on Colleges members and visiting team members are not authorized under any circumstances to disclose any information obtained during on-site visits.

The extent to which publicity is given to accreditation reports is determined by the chief administrative officer of the college. It is the obligation of the AOA to maintain the confidentiality of its relationships with its osteopathic colleges and not to announce publicly any action with respect to a college other than its accreditation classification or its removal from the accredited list. However, when a college so conducts its affairs that it becomes a matter of public concern, the AOA may find it necessary to make public its actions. Moreover, when the AOA is forced to make its actions public, it cannot avoid the necessity of explaining, to whatever extent it deems necessary and appropriate, the basis for its actions. This may result in some breach of the usual confidential character of the AOA's relationship with a college, but the responsibility for this must rest with the institution.

ACCREDITATION ACTIONS. The visiting team's recommendations regarding accreditation should be agreed upon before leaving the campus and before the final oral report.

The various possible actions which can be made by the evaluation team depend upon the nature of the visit and the specific focus which may have been given to it. New colleges present a special problem requiring separate treatment which is provided in Part IV. For colleges undergoing a Full Survey or Interim Progress Review, the following patterns hold:

POSSIBLE RECOMMENDATIONS:

1. Continue accreditation with special commendations;
2. Continue accreditation;
3. Continue accreditation subject to specific conditions;
4. Continue accreditation but place on private probation with or without added conditions;
5. Continue accreditation but place on public probation with or without added conditions;
6. Do not approve for accreditation.

These six possible recommendations, extending from commendation to removal of accreditation, are to be accompanied by an explicit statement of reasons which justify the action and which, in the case of college disagreement or appeal, clearly focus the basis for the action taken.

RECOMMENDATION NO. 1, accreditation with special commendation, should be reserved for institutions with programs which are sound in every respect and which possess features of unusual merit. This recommendation should not be given lightly, and certainly to no college in which any doubts or concerns have been voiced in regard to aspects of the program and operations.

RECOMMENDATION NO. 2, reflects a sound program with no obvious weaknesses and no truly outstanding or unusually meritorious features.

RECOMMENDATION NO. 3, is appropriate for a generally sound program, but one weak or inadequate in specific and identified ways: library (facilities or holdings), certain basic sciences, clinical facilities, etc. Such a recommendation may be accompanied by insistence on the use of one or more consultants, an accelerated schedule of Interim Progress Reviews, an early Full Scale Review, or other conditions.

RECOMMENDATION NO. 4, A college which exhibits such weakness as to threaten the quality of the total program may be placed on private probation. Ordinarily, the college will have had prior indication of this weakness by a statement of weakness and specified conditions attached to its continuing accreditation. Private probation, then results when remediation is not proceeding at an adequate rate. However, this prior warning is not a necessary pre-condition to private probation. If the condition is very serious, even though recent in origin or not previously noted, private probation may be appropriate.

RECOMMENDATION NO. 5 & 6. Unless adequate corrective action is evident, the college will be placed on public probation or terminated. A college in which conditions are such that its existence is threatened or that its continued accreditation is contingent upon major and expeditious corrective measures, may be placed on public probation.* This status will be reported publicly and will be continued for no more than two years. One or more consultants will be required and Interim Progress visits may also be specified until a visiting team finds the weaknesses corrected. Failure to demonstrate marked progress after one year will result in termination of accreditation. The Committee on Colleges shall develop contingency plans in cooperation with the American Association of Colleges of Osteopathic Medicine to integrate the students of said college into other accredited osteopathic colleges.

Interim Progress Reviews may also result in any one of the preceding recommendations, but unless there has been flagrant disregard for previous recommendations, recommendations for private or public probation, or for disaccreditation made to the Committee on Colleges and supported by this committee to the Bureau of Professional Education, will be taken as a basis for requiring an immediate full dress review of the college. In brief, the three most severe accreditation actions will not generally be made without a complete reexamination.

The visitation may be primarily focused on particular issues identified by the institution. In some cases this approach (with the consent of the college may be used to provide observation and counsel regarding issues not noted as of concern on a previous examination. This approach may also be used in continuing appraisal of significant innovations. It is not expected

*This may also result from a refusal of the institution to permit reevaluation.

that such visits will result in reports containing recommendations about accreditation. A report dealing with the issues of specific concern is to be submitted to the college and a copy filed with the Office of Osteopathic Education. Conceivably, such a report could point up matters requiring an Interim Progress Review or Full Survey.

All recommendations on accreditation status are considered for final action by the Bureau of Professional Education. Adopted actions are then reported to the colleges and then to the Board of Trustees of the American Osteopathic Association. Any institution receiving an adverse determination of public probation or termination is provided with a written statement of reasons for such actions. The college is notified that is may appeal the Bureau's decision by action of its governing board. (See Appendix I - Policies Governing Reconsideration of Accreditation Action). There will be no change in accreditation status of an institution pending disposition of the appeal.

In order to be reinstated after accreditation is withdrawn, the institution must reapply. Procedures shall be those used for initial application.

OFFICIAL STATEMENTS REGARDING COLLEGE ACCREDITATION. The Executive Director of the American Osteopathic Association will notify the colleges of their approval as follows:

> THE BUREAU OF PROFESSIONAL EDUCATION, OF THE AMERICAN OSTEOPATHIC ASSOCIATION HAS APPROVED THE ACCREDITATION OF THE _____COLLEGE OF OSTEOPATHIC MEDICINE FOR THE YEAR____.

45.

The following statement is the only approved statement for inclusion in the catalogs of osteopathic colleges:

> THIS COLLEGE IS ACCREDITED BY THE BUREAU OF PROFESSIONAL EDUCATION OF THE AMERICAN OSTEOPATHIC ASSOCATION WHICH IS THE RECOGNIZED ACCREDITING AGENCY FOR THE APPROVAL OF COLLEGES PREPARING OSTEOPATHIC PHYSICIANS AND SURGEONS.

ACCREDITATION POLICIES AND PROCEDURES

FOR THE

COLLEGES OF OSTEOPATHIC MEDICINE

PART IV

NEW COLLEGES OF OSTEOPATHIC MEDICINE

INTRODUCTION

This section is offered to those who will be concerned with the development of new colleges of osteopathic medicine and should be accepted in a way that reflects the spirit of cooperation and is not intended to establish rigid and arbitrary steps for developing colleges.

Indeed, the role of the American Osteopathic Association is that of advising, counseling, and assuring that the emerging institution has acquired the necessary consultation to assure the development of quality osteopathic education.

THE FIRST STEPS. Any group of osteopathic physicians (District Societies, Divisional Societies, or hospital staff) desiring to explore the possibility of establishing a new osteopathic college needs to consult with the Council on Osteopathic Educational Development of the Committee on Colleges and the Bureau of Professional Education of the American Osteopathic Association. The Council will provide the group with a comprehensive questionnaire which provides guidance to the emerging college and helps the Council evaluate the nature of the preliminary planning. The questionnaire is a feasibility study. Such consultation is entirely informal and involves no commitment or continuing obligation on either side. Likewise, consultation should also be held with professional educators and public health officials in or near the site which might be proposed for the new college development. If, after the Council approves the questionnaire, the decision to seriously pursue an institutional self-study should be made. (See Appendix J.) After the study is submitted to and approved by the self-study committee of the Committee on Colleges, accompanied by documentation of the intent to establish a college and adequately fund it, a site visit may be arranged. Only after approval of a "Pre-Accreditation Status" for a new college is a continuing relationship

established with the American Osteopathic Association through the Committee on Colleges and the Bureau of Professional Education. A request for the withdrawal of initial accreditation may be made by the sponsors at any time prior to the accreditation decision.

AMERICAN OSTEOPATHIC ASSOCIATION POLICY STATEMENTS REGARDING NEW COLLEGES. The following policy statements of the American Osteopathic Association are relevant to the development of any new college of osteopathic medicine.

In July 1957, the Board of Trustees and the House of Delegates of the American Osteopathic Association adopted the following policy:

> Divisional societies are requested to explore all possibilities relative to state aid to osteopathic education and/or the establishment of state-supported schools of osteopathic medicine. It shall be the policy of this Association to actively encourage state aid to osteopathic education, provided academic freedom and the relationship of the American Osteopathic Association to all osteopathic colleges is not violated.

The policy of the American Osteopathic Association on new osteopathic colleges shall be: a separate school of osteopathic medicine under the auspices of a state or other university could be developed and approved, provided the following criteria are met:

> The integration of osteopathic theory and practice into the course content must be kept foremost in any curriculum designed to train a student in osteopathic medicine.
>
> The Educational Standards for Osteopathic Colleges shall be the standards under which colleges of osteopathy affiliated with universities may be approved.

The academic dean of the school of osteopathic medicine affiliated with a university shall be a Doctor of Osteopathy.

State aid to osteopathic education may be accepted provided:

> **The American Osteopathic Association shall remain the accrediting agency for osteopathic educational institutions.**
>
> **There shall be no interference on the part of the government with academic and professional freedom in the institutions. (Board, 12/54, p. 78; reaffirmed 7/61, pp. 604, 608.)**
>
> **A newly organized osteopathic college shall be evaluated annually until the first class graduates. (Board, 7/60, p. 608).**

The references to state aid and state support in these policies does not rule out the development of additional colleges of osteopathic medicine dependent solely upon institutional income and individual donors. Obviously, the extent, adequacy and assured continuance of the financial support is a major concern in either case.

PLANS FOR "PRE-ACCREDITATION STATUS." Upon determining the feasibility of establishing a new osteopathic college, the sponsors of the college with the cooperation of the Divisional Society, would do well to initiate the formation of a board of trustees or some planning body. One of the first functions of the board could be to seek a state charter for the college. This is typically accomplished through the Department of State or the State Department of Education. The appointment of the board and distribution of responsibilities to various committees should be reported to the Secretary of the Bureau of Professional Education. The Committee on Colleges should be consulted in each development step in the planning and establishment of an osteopathic college.

The early responsibilities of a newly formed board of trustees or planning body include determination of site, securing the necessary funds for architectural planning and the appointment of either a dean or an acting dean who should devote full time in the early steps of new college

development plans. The board will explore possible state aid, university affiliation, fund raising within and without the profession in the state, etc. It is responsible for exploring all avenues of financial support with governmental and non-governmental agencies. All steps of these developments will be reported periodically to the Secretary of the Committee on Colleges. This Committee and the Bureau of Professional Education will consider the new college for "Pre-Accreditation Status" when the college has met the AOA standards of accreditation. (See Appendix A.)

THE PRE-ACCREDITATION SITE VISIT. Experience has indicated that this step in the development of a new college of osteopathic medicine is highly significant. A Pre-Accreditation On-Site visit will not be scheduled until the Council on Osteopathic Education Development review and approves the college self-study and recommends to the Committee on Colleges that an on-site evaluation should be conducted. An on-site evaluation request must also be presented, in writing, to the Committee on Colleges by the Chief Executive Officer of the new school. Pre-Accreditation Status will not be recommended until the Committee on Colleges and the Bureau of Professional Education are satisfied that the new program is assured of successful development.

The self-study material presented for the visiting team typically includes the following:

1) A statement of educational objectives, goals and purposes of the new college of osteopathic medicine.
2) The charter granted to the new college of osteopathic medicine (a copy), or a copy of its enabling legislation if state affiliated.
3) The articles of incorporation of the new college of osteopathic medicine (a copy).
4) Bylaws of the new college of osteopathic medicine (a copy).

5) Composition of the Board of Directors or Trustees, indicating both D.O. and lay members (names and addresses). What do (did) the individual lay board members do (occupation).

6) Table of Organization of the new college of osteopathic medicine showing the lines of authority (who reports to whom), including all positions authorized (filled or unfilled), administrative, faculty, Board of Directors or Trustees, etc., or relationships to other institutions if applicable.

7) Faculty, including both pre-clinical and clinical (their vitae, educational rank, departmental or divisional affiliation, subjects taught in the new college of osteopathic medicine, etc.) Include the proposed faculty load (contact hours per week, or such other measures of faculty effort analysis).

8) The educational program and <u>total</u> basic science and clinical curriculum that has been planned or formulated, including all phases and the length of the educational program. (Of special interest is whether the curriculum is one in which the pre-clinical and clinical sciences are integrated or separate from one another.)

9) Facilities to be used for pre-clinical and clinical sciences, including all lecture rooms and laboratories, their capacity in terms of students. Also give plans including specific didactic training and hospitals to be used (including affiliated agreements) in the clinical clerkship program. Are there definite plans to have a college faculty member in the clinic area (listing specific area of specialty and/or concern) at each affiliated hospital, or are there plans to have one or more clinical faculty from the college of osteopathic medicine

periodically coordinate, supervise and oversee the clerkship program? In summary, list the plans for the supervision of clinical training, especially clerkship. Also to be included in facilities are library, offices and all related areas.

10) Finance, including detailed proposed budget listing revenue income, expenditures for physical plant, faculty salaries and all other capital and operational (expendable) categories. Include tentative operating budget for a period of four years and show sources of all income.

11) A copy of the student application form, the procedures for evaluating applicants and the grading policy to be used (indicating how student performance is to be evaluated and what recourse a student has if he or she feels unjust or unwarrented measures have been taken; e.g., grades are unfair. The items and materials to be sent to a prospective student. Submit the bulletin or its equivalent. Also, the policy of refunding of student fees should be included.

12) Basic plans to be incorporated into a faculty manual (refer to Educational Standards) including faculty contract, tenure policy (if such is to be used) and proposed faculty and administrative committees along with their responsibilities and to whom they report.

13) Audiovisual services and other tutorial facilities planned to be available in the opening of the college and in the future.

The Secretary of the Committee on Colleges will serve as the organizing Executive Secretary for Pre-Accreditation visits. The Chairman will be an experienced member of prior evaluation teams and preferably a member of the Committee on Colleges. The remainder of the team will represent pre-clinical

and clinical disciplines and perhaps include hospital management as well. The duration of the visit will be adjusted to meet the needs of a complete, thorough visit. The Secretary may plan to arrive on the site a day or so in advance of the full team so as to oversee detailed arrangements for the visit.

The Visit Report of the evaluation team, including recommendations, will be prepared by the secretary immediately following the visit and will be circulated to the team members for correction and/or modification as indicated. This report will contain accurate factual and descriptive data on all significant components of the proposed school. Following acceptance by the team, the report and recommendations, as well as all other materials submitted by the Chairman of the Board and the dean or acting dean of the college, will be carefully and critically reviewed. If, in the opinion of the Committee on Colleges, the college has demonstrated its ability within a reasonable period of time to achieve full accreditation, a recommendation for granting "Pre-Accreditation Status" will be made to the Bureau of Professional Education. The action of the Bureau will be reported to the Board of Trustees of the American Osteopathic Association. If "Pre-Accreditation Status" is granted, the new college may begin its selection process for its inaugural class. The class size and the entering date will be determined at the time of granting Provisional Accreditation.

A special vote form will be used in determining Pre-Accreditation Status. The visiting team will render judgements, not only on the customary general matter of approval of the project, but also to render judgements as to the adequacy of the components listed on the Quality Rating Sheet which follows:

QUALITY RATING SHEET

SCHOOL: _____ DATE OF VISIT: _____

(Check one. Write comments on attached pages.)

	ADEQUATE	MARGINAL	INADEQUATE
1. Justification for this new program of Osteopathic Medical Education.	___	___	___
2. Commitment to the new program by its sponsors.	___	___	___
3. Mobilization of community and professional support.	___	___	___
4. Financial Resources:			
Current Operations	___	___	___
Four-year Projection	___	___	___
5. Physical Facilities:			
Basic Sciences: Students & Faculty			
a. Temporary startup	___	___	___
b. Permanent	___	___	___
Clinical Activities:			
c. Faculty officies/labs	___	___	___
d. Hospital Facilities	___	___	___
e. Ambulatory care facilities	___	___	___
f. Affiliation agreements	___	___	___
Library Learning Center	___	___	___
6. Organizational plan of the faculty	___	___	___
7. Leadership of the new school			
a. Dean and assistants	___	___	___
b. Business management	___	___	___
8. Faculty Quality (current status)			
a. Basic Sciences	___	___	___
b. Clinical Sciences	___	___	___
9. Projections for full faculty growth	___	___	___
10. Proposed plan of curriculum	___	___	___
Plans for Evaluation	___	___	___
11. Pool of Qualified Students	___	___	___
12. Plans for Student Guidance and Academic Counseling	___	___	___

SUMMARY EVALUATION:

1. Pre-Accreditation Status should be granted. _____
2. This school is not yet ready for Pre-Accreditation approval. The deficiencies are listed on the attached pages. _____

SIGNED: _____ DATE: _____

SCHOOL: _____ DATE OF VISIT _____

COMMENTS: _____

The Rating Sheet requires the evaluators to specify, item by item, any deficiencies observed in the current and projected status of the developing osteopathic medical school. This attempt to quantify the characteristics of the new college proposal is designed to increase the effectiveness of the Committee on Colleges and the Bureau of Professional Education in deciding for or against Pre-Accreditation Status.

THE STATUS OF PROVISIONAL ACCREDITATION. Six months prior to the planned admission of the first class, the chief executive officer of the college should prepare, on forms transmitted to him by the Secretary of the Committee on Colleges, all information regarding the administration and operation of the educational program for the first year. Future developmental plans should also be presented. Upon receipt of this information, the Secretary and/or Chairman of the Committee on Colleges, in consultation with the chief executive officer of the college, will arrange for a site-visit of the college. The visiting team will be made up of a generalist, at least two basic scientists from the faculties of other osteopathic colleges, the Chairman and the Secretary of the Committee on Colleges. The visit will usually take at least two days. Insofar as applicable, the college should prepare materials in advance based on self-study materials and the suggested points covered by them.

Based on the findings of this visiting team, the Committee on Colleges will recommend to the Bureau of Professional Education that the college be granted or not granted Provisional Accreditation. The Bureau of Professional Education will then take action and report this to the college and to the Board of Trustees. A decision at this stage not to grant Provisional Accreditation is obviously one with very serious implications. The specific concerns,deficiencies and weaknesses will be communicated to the chief executive officer and to the Board of Trustees. Unless immediate

remediation is possible, the college may be required to temporarily suspend or entirely cease operations. The importance of avoiding such a dire contingency indicates the necessity for careful advance planning and for highly critical evaluation at the site visit and rigorous review of all documents and data prior to granting Pre-Accreditation Status.

THE ANNUAL REVIEW. Following the granting of Provisional Accreditation, the college will be visited annually for maintenance of this status until the fourth year class matriculates in a four year program. If in a three year program, the Full Survey will be scheduled prior to graduation of the first class. During the fourth year of the existence of the college, the college will be visited by a team to determine whether full accreditation can be granted. If, during the third year, it appears unlikely that accreditation can be achieved the following year, it will be necessary to arrange for third-year students to complete their fourth year at a fully accredited college of osteopathic medicine. Obviously this would present severe difficulties for the college, for the students, and for those colleges which would undertake the transfers. The necessity of avoiding this prospect underlines the importance of the annual review and of close collaboration between the college administration and Board of Trustees on one hand, and the American Osteopathic Association on the other.

The accrediting procedures used with a new college in its fourth year of operation require a complete self-study and a site visit by an evaluation team operating much like that of the Full Survey. Accreditation actions at this point may include statements of various weaknesses, conditions to be corrected or even a probationary status.

ACCREDITATION POLICIES AND PROCEDURES

FOR THE

COLLEGES OF OSTEOPATHIC MEDICINE

PART V

GUIDELINES FOR

IMPLEMENTATION OF THE ACTUAL STANDARDS

FOR COLLEGES OF OSTEOPATHIC MEDICINE

(ALSO SEE APPENDIX A)

WHAT ARE THE EDUCATIONAL GOALS OF THE COLLEGE OF OSTEOPATHIC MEDICINE?

The purposes of an approved college of osteopathic medicine are:

1. To provide students with an educational program to assure their development into competent osteopathic physicians.
2. To contribute to the advancement of knowledge and the development of osteopathic medicine through research programs.
3. To create opportunities for continuing study for the development of teachers, investigators and physicians.
4. To contribute to the community by providing distinctive health care.

The college catalog should contain a clear statement of these purposes and may include others more specific to a unique role or concern of the college. Each member of the college (faculty, student body and administration) should be familiar with those objectives in order to ensure that the composite program of the college does indeed contribute to these purposes.

These purposes provide a guide for educational planning and hence a frame of reference for decisions about student admission, retention policies, the curriculum, other educational experiences made available to students, the faculty, the organization of the institution, the physical facilities and the financing of the enterprise.

A college should carefully consider its role in the immediate geographical community, in the nation and in the international community. It should, while responding to needs in a manner appropriate to its accepted educational responsibilities, resist pressures for haphazard and inadequately planned growth. It should develop priorities to guide it in responding to the many demands with which it is faced. An institution has a responsibility to keep its public informed of its educational tasks and its priorities in accomplishing them.

An institution should have projected plans for the future. It should clearly define the basis or the rationale upon which decisions about increasing or limiting enrollment and introducing new courses, services or research activities. Plans for the future should be consistent with the basic orientation of the institution as expressed in its stated purposes. An institution should continually and systematically seek evidence of its effectiveness in fulfilling its educational responsibilities.

ARE THE NECESSARY RESOURCES AVAILABLE FOR FULFILLING THE GOAL? The effectiveness of the college depends upon its faculty, its library and other instructional facilities, its financial resources, its plant, equipment and other physical facilities, as well as its planning and evaluative activities.

A. FACULTY RESOURCES

The quality of an institution is determined in large part by the quality and enthusiasm of the faculty. Part-time and volunteer faculty may be sources of great strength to a program, but lack of care in their selection and coordination may also markedly weaken a program. Nominations for faculty appointment ordinarily involve participation of both the faculty and the dean. Reasonable security and possibility for advancement in salary and rank should be provided. All faculty members who are osteopathic physicians, or are being considered for faculty appointment, must be conversant with the principles and practices of osteopathic medicine and must be capable of integrating these into their field of expertise when and where indicated.

FACULTY QUALIFICATIONS. The faculty must include a sufficient number of identifiable representatives from the biological, behavioural and clinical sciences to implement the objectives that each osteopathic medical school adopts for itself. The specific fields represented do not have to be reflected in any set pattern of departmental or divisional organization. The major concern is for demonstrated faculty competence in research and teaching

in the fields in which instruction is provided. Assignment of responsibilities should recognize variation in the degree of competence and interest of individuals.

The extent to which the college depends upon the contributions of practicing physicians will vary with many factors, including the size of the community and the availability of qualified teachers in the several osteopathic medical specialties. The advantage to the student of instruction by such physicians, as well as by those in full-time academic service, should be kept in mind.

Though not equally relevant in all departments, the following data are helpful in determining faculty qualifications: the percentage of the faculty holding earned doctorates (Ph.D., D.O.) and the percentage holding other advanced degrees; the average amount of graduate study completed by the faculty as a whole and the calibre of the graduate institutions represented; the extent to which persons are teaching in areas in which they have received advanced training; the kinds of work experience the faculty has had in developing special competencies; the evidences of scholarly attainment; the extent of faculty attendance at and participation in meetings of learned societies; and the extent to which the institution recruits its faculty from its own graduates. The relative importance of the different kinds of data on faculty qualifications will vary according to the requirements of the instructional, service and research programs.

High standing on measures of education, experience and scholarly activity do not, however, guarantee excellence in the performance of faculty duties. Equally important, though less easily measured, are such characteristics as the general tone of the institution, the zest with which the faculty and the students pursue their work, and the interest shown by the faculty in the student and in his progress toward desired goals.

An institution should make systematic efforts to evaluate faculty effectiveness in the whole range of duties which the faculty is expected to perform. A source of information which should not be overlooked in appraising the effectiveness of the faculty in discharging its teaching and counseling functions is the reaction of the students.

B. FINANCIAL RESOURCES

INCOME AND EXPENDITURES. The financial structure of a college must be evaluated by the adequacy of the resources available to meet the demands placed upon the institution. There should be evidence also that the finances are efficiently applied to the support of the college's activities in accordance with the budget.

A study of the financial history of the college may reveal the extent to which the budget has kept pace with demands, disclose significant shifts in the weighting of items in the budget, and indicate whether or not the institution has been living within its means over a period of time. The rationale for resource allocations may be examined by studying the process of preparing the budget. The management and control of invested funds or endowment are also revelatory of the care exercised in financial management.

No one pattern of distribution of income among the various sources (tuition and fees, legislative appropriations, endowment earnings, annual gifts and grants from government and othersources, research contracts, hospitals, clinics) is best, but an analysis of trends in income sources may be instructive in understanding the financial situation. Similarly, no one pattern of expenditures is best, but an analysis of expenditures may take on meaning when related to the institution's stated purposes.

HISTORY OF INDEBTEDNESS. The nature and the amount of an institution's indebtedness are significant in assessing its financial resources. A growing operating deficit is a serious matter. Reasonable capital indebtedness is not a matter of concern if systematic and realistic provision has been made for retiring the debt.

FINANCIAL ACCOUNTING. Institutions are urged to follow the procedures for financial accounting and reporting which are set forth in the two-volume publication of the American Council on Education entitled College and University Business Administration. Institutions might also utilize publications sponsored by the National Association of College and University Business Officers (NACUBO).

The books should be audited regularly. Internal audits are seldom as satisfactory as an audit by an independent professional auditor.

C. PLANT AND EQUIPMENT RESOURCES

FACILITIES. Osteopathic medical schools should have assured use of buildings and equipment that are quantitatively and qualitatively adequate for maximum productivity of faculty and students in fulfilling the objectives of the school. Geographic proximity between the preclinical and clinical facilities is desirable, whenever possible. The facilities should include faculty offices and research laboratories, student classrooms and laboratories, a hospital of sufficient capacity for the educational programs, ambulatory care facilities and a library.

The relationship of the osteopathic medical school to its primary or affiliated hospitals should be such that the school can participate in the appointment of faculty from the hospital's attending staff. All affiliation agreements should clearly define the rights of both the osteopathic medical school and the hospital in the appointment of the attending staff. Hospitals with which the school's association is less intimate may be utilized in the

teaching program in a subsidiary way; but all arrangements should insure that instruction is conducted under the supervision of the osteopathic medical school faculty.

EQUIPMENT AND SPACE UTILIZATION. Colleges differ in the manner and extent of equipment and plant utilization. The important consideration is that available resources be used efficiently in relation to the institution's educational task and the clientele served. Colleges should make studies of equipment and space utilization from time to time. Costly building programs are sometimes undertaken when a better use of existing facilities would satisfy space needs.

D. LIBRARY RESOURCES AND OTHER INSTRUCTIONAL FACILITIES

The library should have the facilities and staff needed to support the educational program. In addition to current texts, reference books and periodicals, the osteopathic medical college library frequently assumes responsibility for audio-visual materials, recordings, displays and other materials related to teaching and research. The library or other learning resources should also be equipped to allow students to gain experience with newer methods of receiving information as well as with self-instructional devices. More than one library may be available to students. If so, the extent of their use should be determined.

More important than the sheer number of books, periodicals, reference books and audio-visual materials is the extent to which they reflect the educational emphasis. The full scope of course and research interests should be covered by the collection. Primary and secondary works should be supplemented by some collateral and even minor works in the major fields. In addition, the collection must be maintained; that is, a substantial and continuing infusion of new books and the culling of out-of-date materials should be in evidence in each field. There must be a sufficient number of

copies of current medical texts to permit students to accomplish required or elective collateral reading. The American Osteopathic Association has developed a union list and a cumulative index of osteopathic literature. The use and usefulness of these items should be reviewed. Statistics on both student and faculty use of the library are helpful in forming an impression of the intellectual climate of an institution.

Librarians should have professional training in the field of library science, experience or special training in medical librarianship and adequate clerical assistance. A faculty committee on the library is useful in representing the interest of the faculty in the library. This committee may play an important part in directing overall library development, and the minutes of the library committee may be helpful in revealing the current emphasis in the development of the library as well as the long range goals.

EXPENDITURES. A recent history of expenditures for library materials, department by department, is helpful in judging the adequacy of the support for the library.

IS THE COLLEGE WELL-ORGANIZED FOR CARRYING OUT ITS EDUCATIONAL TASK?

The college should be organized so as to facilitate accomplishment of its objectives. Ordinarily, this is best effected through a committee structure representative of such concerns as admissions, promotions, curriculum, library and animal care. Student representation on all committees is both desirable and useful.

The manner in which the institution is organized, including the responsibilities and privileges of administrative officers, faculty and students, should be clearly set out in either the osteopathic medical school or university bylaws. Each college should have a plan of organization and procedure appropriate to its particular situation.

A college or university operates within a hierarchical structure characterized by a formally organized system of rules and regulations which govern the making of decisions and their implementation. But a college differs from most other types of organization in the role of its personnel in governance. Each faculty member operates to a significant degree as a specialist engaging in decision making in his own field. He operates with little supervision, and the concepts of academic freedom and tenure further limit the extent to which he is subject to organizational discipline. He and his colleagues, operating as a faculty, are responsible for many decision making activities which, in other types of organization, would be carried on by administrators.

Because of these unusual organizational characteristics, it is important that the college make every effort to promote a spirit of cooperation and a sense of unity in the faculty, students and administrative officers.

Relevant sources of information about the way in which an institution functions are the faculty manual, the student handbook, the chart of organization, the bylaws of the institution, the minutes of the board of control, the minutes of the faculty committees and the minutes of the administrative committees.

A. THE BOARD OF CONTROL

The Board of Control is the legally constituted agency through which the constituency of an institution expresses itself on matters of basic policy. The board should look to the chief executive officer for leadership in matters of policy as well as for the execution of policy. Neither the board as a whole nor individual members of the board should be involved in institutional management functions.

No member of the board of control should be on the salaried staff of the institution. If not a component of a university, a medical school should have a board of trustees composed of public spirited men and women having no financial interest in the operation of the school or its associated hospitals. Trustees should serve sufficiently long and overlapping terms to gain an adequate understanding of the programs of the institution. As trustees, their chief concern should be the development of policy in the interest of the institution and the public.

When the board has more than ten members, a smaller executive committee may be necessary. Other committees should be created as needed.

Among the factors to be taken into account in considering the board of control are the size, the membership and term of service, the method of selection, occupations, institutional officers responsible to the board and the functions of the board and its committees as outlined in the bylaws. An evaluation should also review the processes employed by the board of control in discharging its obligations. It is important to know what the main concerns of the board are as reflected in the minutes. However, when the college of osteopathic medicine is part of a university, the board of control will obviously be less well informed and conceivable much less interested in the details of the operation of the college.

B. ADMINISTRATIVE LEADERSHIP

Officers and members of the faculty of the College of Osteopathic Medicine should be appointed by, or on the authority of, the board of control of the College of Osteopathic Medicine or its parent university. In a university situation, the chief official of the college of osteopathic medicine (ordinarily the dean) should have ready access to university officials as are pertinent to the responsibilities of his office. He should have the assistance of a capable business officer and of associate or

assistant deans as may be necessary for student affairs, academic affairs, graduate education, continuing education, hospital matters and research affairs.

Universities with multiple responsibilities in the health fields (osteopathic medicine, dentistry, pharmacy, nursing) may have a vice-president for health affairs, or a similarly designated official, who is responsible for the entire program of health related education at the university. Ordinarily, the deans of the individual health related schools would report to this individual. Large complex universities are usually organized in relatively large units - departments, divisions, schools, colleges, research and other centers - which possess a substantial measure of autonomy. Free-standing professional colleges will have a less complicated structure. The important consideration is that the pattern of organization and the leadership be well adapted to efficient and effective performance.

C. FACULTY ORGANIZATION

The faculty organization should allow for the representation of all educational interests, should encourage faculty members to participate in planning and policy making, and should help to coordinate the diverse interests of the faculty. The faculty and the administrative staff should relate in such a way as to enhance the success of the institution in accomplishing its purpose. A faculty handbook which clearly specifies the role, responsibilities and rights of the faculty is essential.

Evaluation of the faculty organization involves careful consideration of the processes of decision making as well as the structure of the organization. Analysis of the manner in which the faculty proceeds to meet the problems with which it is faced may be helpful in judging the adequacy of the faculty organization.

It is a responsibility of a college of osteopathic medicine to assure that all osteopathic physicians serving on its faculty adhere to the high standards of ethical conduct set forth in the code of ethics established for their profession.

It is an added responsibility of a college of osteopathic medicine to assure that all osteopathic physicians serving on its faculty maintain and improve individual levels of knowledge and competence through participation in appropriate programs of continuing medical education.

To fulfill these responsibilities, a college of osteopathic medicine requiring that all osteopathic physicians serving on its faculty maintain membership in good standing in the American Osteopathic Association thereby subjecting themselves to appropriate peer review, will be deemed to be in full compliance with this standard.

FACULTY COMMITTEES. Faculties carry on many of their activities through the use of committees; standing committees for matters of continuing concern, and ad hoc committees for the consideration of special problems. While such committees have typically consisted of the heads of the major departments, they may be organized in any manner that would bring reasonable and appropriate faculty and student influence into the governance of the school. The faculty should meet often enough to provide an opportunity for all to discuss, establish or otherwise become acquainted with medical school policies and practices. Evaluation of this aspect of the organization is based upon information on the number of committees and their concerns, how they are constituted, how they function, and how active they are. The minutes of the faculty organization should reveal the issues with which the committees have been concerned and they will provide clues as to distribution of time between matters of substance and relatively trivial matters. The minutes should contain descriptions of all of the important educational policies of the institutions.

D. STUDENT ORGANIZATION

Student participation in decision making varies among institutions. Whatever the situation, it is of major importance that continuing systematic provision be made for expression of student opinion regarding institutional policies, and that serious consideration be given to student opinion whenever decisions are made.

A graduate professional program has a special responsibility for involvement of students in significant ways in the planning and decision making of the institution. The involvement should be regarded as a part of the process of professionalization. The administration, the faculty, the decision making process and the value involved in it, are all exemplars of the manner in which the profession views its responsibilities and attempts to meet them. The means of student involvement are diverse, but the crucial considerations are that students actually have a voice in decisions vital to their interest; that all students know this and that they are satisfied that their views and concerns are recognized.

ARE THE CURRICULAR AND INSTRUCTIONAL PROGRAMS ADEQUATE TO SERVE THE PURPOSES OF THE INSTITUTION?

A. THE CURRICULUM

The curriculum of a college or university is here defined as the total range of educational experiences available to or required of students. The objectives of the curriculum should be stated in terms of desired changes to be effected in the learner through these experiences. Thus, the curriculum of a college of osteopathic medicine shall be designed to meet the objectives stated elsewhere in this document. Innovation and flexibility are encouraged in a continuing search for better means of meeting these objectives.

The sources of curricular materials on which institutions of higher education most commonly rely are:

1. The bodies of knowledge accumulated by scholars in the disciplines and professional fields.
2. Analysis of the societal demands - personal, social, avocational and vocational - which confront adults.
3. The opinions or recommendations of authoritative individuals and groups in the field.

The selection of curricular materials should be made with due regard for the purposes of the institution, the number of students to be served - their needs and abilities, and the costs of providing the instruction in terms of faculty, library, laboratory and other instructional facilities.

B. EDUCATIONAL PROGRAM

The predoctoral period of osteopathic medical education requires supplementation by graduate training which varies in length with the type of practice selected. Further, no single curriculum can now be prescribed for the undergraduate period. Each student should acquire a foundation in the preclinical sciences that will permit the pursuit of any of the several possible ostoepathic medical careers. The student should be comfortably familiar with the methods and skills utilized in clinical medicine. Instruction should be sufficiently comprehensive so as to include the study of both mental and physical disease in both hospitalized and ambulatory patients. At the same time, it should encourage the development of interests and capabilities of each student by providing options wherever appropriate as possible.

Preventive medicine, public health and social and economic aspects of the systems for delivering medical services also require attention. Instruction should stress the total health and circumstances of patients -

not just their diseases. Throughout, the student should be encouraged to develop basic intellectual attitudes, ethical and moral principles that are essential to gain and maintain the trust of patients and colleagues, and the support of the community served.

Each college of osteopathic medicine must provide courses covering the history and development of the osteopathic profession as well as courses which teach the distinctive osteopathic approach to the patient in maintaining health and in preventing, diagnosing and treating diseases. The educational program must foster the development of osteopathic physicians, but each college may develop distinctive courses and programs to achieve this purpose. A clear rationale should guide the development of the curriculum and the preparation and organization of instructional materials.

Continuity, sequence and integration are three major principles which relate to the organization of the curriculum. Continuity pertains to the need for repetition of significant concepts throughout a course of study to ensure that the student understands and assimilates the concepts. The principle of sequence refers to the progression of learning experiences in order that the student may develop a broader and deeper understanding of more complex and abstract ideas. Integration involves a sense of unity in learning experiences, including the interrelatedness of concepts learned in one discipline with those applicable to another discipline. These three curriculum organizing principles help to produce a total, meaningful, educational experience.

An institution's curriculum rationale may be implicit or may be made explicit. There is much to be said for the latter, for, unless the rationale is made explicit, and unless the concepts employed by an institution are stated, there is real danger that the instructional effort will be diffuse and undirected.

The total education of a student at the time of graduation shall have included, as a minimum, the pre-clinical and clinical materials which follow:

History, basic theory and practice of osteopathic medicine; human anatomy; biochemistry; pharmacology; physiology, pathology; microbiology; physical diagnosis; clinical and laboratory diagnosis; medicine; pediatrics; obstetrics and gynecology; preventive medicine; public health; psychiatry; surgery; radiology, medical ethics and forensic medicine.

All instruction shall emphasize the basis for osteopathic medicine and total health care to enable graduates to enter into currently accepted practice of osteopathic medicine.

Since predoctoral education is but a part of the continuum of the life-long education of the physician, the program in the basic medical sciences merits special comment. The continuum of osteopathic medical education consists of a series of sequential learning experiences available to the student of medicine at the same or different institutions. Premedical education leading to the baccalaureate degree is the institutional responsibility of the college or undergraduate division of a university. Undergraduate or predoctoral osteopathic medical education, including both the basic medical sciences and clinical science, with an increasing integration of components leading to the D.O. degree is the responsibility of a college of osteopathic medicine. The first year of graduate medical education, following the granting of the D.O. degree, the internship prepares the physician for practice. Additional graduate medical education, residency programs, prepare the physicians for specialty practice. This is a responsibility of the college or teaching hospital. Completing the continuum, continuing medical education affords the physician varied learning

experiences appropriate for his clinical responsibility and is provided by professional associations, colleges of osteopathic medicine and teaching hospitals.

In the past, the several program components of this continuum were offered as discrete and isolated segments. Efforts to achieve greater integration of the several elements despite the possible diversity of their sponsoring organizations and their geographic locations should be continued and reinforced. Recognition of this continuum by institutions responsible for undergraduate medical education is of special significance because integration is essential to the conduct of predoctoral medical education. The study of the pre-clinical sciences and the study of clinical science cannot be separated; but, as yet, no single curricular pattern for attaining this integration can be prescribed.

Instruction should not be conducted exclusively in the pre-clinical sciences without any experience in clinical medicine. Instruction in clinical medicine facilitates the correlation of the scientific and clinical aspects of medical knowledge, reinforces the student's motivation for medicine, provides the opportunity to acquire necessary skills, attitudes and techniques, and initiates the acquisition of a professional identity. Careful planning and extensive involvement of qualified teachers of clinical medicine who are competent in both the basic and the clinical sciences is required.

The faculty must consist of a sufficient number of skilled teachers and investigators from the biological, behavioral and clinical sciences to achieve the objectives of the particular program. The specific fields represented are determined in part by the prerequisites set by the affiliated clinical program and they need not be structured in any set pattern of departmental or divisional organization. Some form of faculty organization

is required, that it meet regularly (not less than quarterly) and that minutes of meetings shall be kept. In addition to the educational efforts of the faculty involved, the pre-clinical faculty in the program will find it important to retain strong ties with their counterparts in the arts and sciences programs. Thus, the program in the pre-clinical sciences will draw academic sustenance from the more basic as well as more applied portions of their disciplines. Academic and administrative leaders of the program must exert continuing effort to provide conditions which permit this integration.

C. THE QUALITY OF INSTRUCTION

RECOGNITION OF GOOD TEACHING. An institution should provide the atmosphere and conditions which make good teaching both possible and attractive to the faculty member. Recognition of superior teaching is an important aspect of this effort.

INDUCTION OF NEW FACULTY MEMBERS. An institution should follow a systematic procedure for informing new faculty members about the general practices and policies of the institution, and for rendering assistance to them as they become oriented to the new situation. In small institutions, a new faculty member may work directly with a senior member of the department, receiving considerable assistance in informal ways. In large institutions, formal procedures for the induction of new faculty members are usually needed.

FACULTY RECRUITMENT, RETENTION AND PROMOTION. Recruitment, retention and promotion policies should be clearly stated in an official document and distributed to all persons concerned. Practice should be consistent with the official statement.

Faculty participation in the identification of candidates for faculty positions, and consultation with faculty regarding appointment, retention

and promotion is essential. Faculty appointments should be in writing with conditions of employment clearly stated.

Many colleges employ part-time instructors and universities commonly assign graduate assistants and teaching fellows to institutional tasks. Such persons may make a significant contribution to the instructional program if the institution provides them with the necessary guidance and assistance and takes steps to make them an integral part of the total instructional effort.

OPPORTUNITIES FOR PROFESSIONAL GROWTH AND DEVELOPMENT. An institution of higher education should offer opportunities for faculty in-service growth and development including: attendance and participation in professional meetings with traveling expenses paid in whole or in part; reduced teaching load for study or research without reduction in salary; sabbatical or other leaves of absence. Faculty members should be urged to take advantage of such opportunities.

Specialists employed as consultants in the study of the institution's educational program are often useful not only in the solution of educational problems, but also in the education of the faculty.

ACADEMIC FREEDOM AND TENURE. Freedom of the faculty member to present the truth as he sees it in his area of competence, both in the classroom and in his published research, is essential if higher education is to fulfill its purpose in our society. Unclear employment policies tend to restrict a faculty's freedom to teach. Society is poorly served if students are not free to learn and to investigate all possible solutions to the problems that arise in his studies. The student enjoys freedom to learn only when instructors have the freedom to teach.

Freedom to teach is closely related to the freedom to research and publish. Society relies heavily on its institutions of higher education

to extend the frontiers of knowledge through research. Any limitation on freedom of inquiry and research limits the contribution which higher education may make to the welfare of society.

The faculty member, too, has responsibilities in the matter of academic freedom. He must be careful not to use the privileged position he occupies in discussion of subjects other than those in which he possesses special competence as a scholar. For the protection of his profession and his institution, he should strive at all times to be accurate and to excercise appropriate restraint in his public utterances. He should also recognize that there are limitations on his freedom of expression and action which are dictated by the canons of good taste.

DO THE INSTITUTION'S POLICIES AND PRACTICES FOSTER HIGH FACULTY PROFESSIONAL SATISFACTION? Faculty satisfaction is essential to teaching effectiveness. The level of faculty morale is a function of the whole range of institutional policies and practices discussed through this chapter. This section is devoted specifically to faculty salaries; service loads; provisions for retirement, insurance and other fringe benefits; and provision of office facilities, secretarial help, technical assistance and student assistance.

FACULTY SALARIES. Faculty salaries must be adequate enough to permit recruitment and retention of the faculty needed to carry on the program. Comparative figures on salaries paid in similar institutions are sometimes helpful. In making comparisons, however, one must take into account the possible existence of factors such as a deep commitment to institutional purposes, lower living costs in the area, or the existence of extensive fringe benefits which partially compensate for low salaries.

FACULTY SERVICE LOADS. Faculty service load may be calculated in a variety of ways. Two commonly employed measures are the credit hour and the student credit hours. Load measured only in these terms provides a partial and possibly completely misleading picture. Such components as scholarly and research activity, class preparation time, faculty committee work, administrative responsibilities, student counseling and community service must also be taken into account. The distribution of time among the several components of load may be expected to vary among faculty members. Equality in faculty load may be impossible to achieve, but faculty over-load is a threat to institutional quality.

RETIREMENT, INSURANCE AND OTHER BENEFITS. Adequate and systematic provision must be made, with institutional assistance, for protection of the faculty member and his family against illness, accident and temporary or permanent disability. Other benefits sometimes provided are life insurance, assistance in housing, assistance in defraying the cost of the education of faculty children, loans at low interest rates, discounts on purchases, reduced admission charges for athletic and other events, use of athletic facilities and the like. The various fringe benefits offered should be available in a published statement.

OFFICE FACILITIES, SECRETARIAL SERVICE, TECHNICAL AND STUDENT ASSISTANCE. Faculty office space providing privacy for individual research projects, for study and for the counseling of students is contributory to faculty morale. Good working conditions are aids to good performance.

Secretarial and technical help in instructional, research and other faculty activities should be provided to encourage the best professional use of faculty time. Advanced students can frequently be of valuable assistance in the performance of professional duties.

IS THE TOTAL STUDENT EXPERIENCE ON CAMPUS RELEVANT TO THE EDUCATIONAL TASK? The total range of a student's experience contributes to his education. Acceptance of this principle carries with it institutional responsibility of concern itself with the educational value of all aspects of a student's life on campus.

EXTRA CLASS ACTIVITES. A program of extra-class activities broad enough to encompass a wide range of student interests is desirable. The participation of all students in the activities program should be encouraged.

ADMISSIONS, RECORDS AND ACCESS TO RECORDS. The number of students relative to the educational program of the college of osteopathic medicine and its resources, and the qualifications of the students are proper responsibilities of the college. Colleges of osteopathic medicine contitute a national resource and operate in the public interest. Hence, it is desirable that the student body reflect a wide spectrum of social and economic backgrounds. Admission decisions should be based not only on prior scholastic accomplishments but also on personal and emotional characteristics, motivation, industry, resourcefulness and personal health. Information about these factors can be developed through interviews, records of academic and nonacademic activities, admission tests and letters of recommendation. Criteria policy for selection of students shall be developed and applied uniformly to all applicants. There shall be no discrimination on the basis of sex, creed, race or national origin. The college catalog shall clearly delineate a refund policy for those students who, for whatever reason, terminate the program prior to completion.

At least three years of undergraduate education are required for admission to a college of osteopathic medicine. The college should restrict premedical course requirements to courses essential to satisfactory

performance in the college curriculum. A student preparing for the study of osteopathic medicine should be able to acquire either a broad, liberal education or study a specific field in depth, according to his personal interest and ability.

Advanced standing may be granted to students for work done prior to admission - not to exceed fifty percent of the requirements for graduation. The increasing diversity in osteopathic medical curricula and the greater integration of the total curriculum require that transfers between colleges of osteopathic medicine be individually considered so that the course previously pursued by the student is compatible with the program he enters. Otherwise, supplementation of the student's program may be necessary after transfer.

At least once a year an educational institution will inform students:

-What kind of information is maintained about them.

-What officials maintain records, what persons ordinarily have access to them, and why they have access.

-The policies the institution follows if students want to challenge records and if the institution then agrees to change the records.

-The cost charged for reproducing copies of the records for students.

-The kind of "Directory" information (such as a student's name, address) that the institution will routinely release.

Student records which summarize admissions, credentials, grades and other records of performance in medical school must be accurately and securely maintained. These records shall reflect each student's work and qualifications by including a qualitative evaluation of each student by his instructors.

There should be available an adequate system of student counseling. Such counseling is especially critical for those students who may require remedial work. Academic programs allowing students to progress at their own pace are desirable.

Institutions of higher learning have a responsibility for the health, both physical and mental, of their students. A college or university should recognize this responsibility and make provision for the protection of student health. Student health services should be coordinated with and related to the educational program.

PLACEMENT AND FINANCIAL ASSISTANCE. The college should render assistance to students who seek part-time employment opportunities, to provide scholarships and to assist worthy students in need of financial assistance to secure scholarships, loans. Economic hardship should not hinder the acquisition of an education in osteopathic medicine.

An institution should also assist its graduates in securing placement in internship and residencies.

STUDENT CONDUCT. Institutions differ widely in what they consider proper student conduct. The standards of student conduct should, however, be consistent with the purposes of the institution. Standards should be set forth in writing in a student handbook as explicitly as possible in order to avoid misunderstandings. The enforcement of student regulations should function as a constructive force in the development of the social consciousness and personality of each student.

Students are typically assigned some measure of responsibility for the formulation and enforcement of regulations governing student life. The extent to which students carry such responsibilities should be consistent with the educational philosophy of the institution.

IS STUDENT ACCOMPLISHMENT CONSISTENT WITH THE PURPOSES OF THE INSTITUTION?

Realistic expectations regarding the achievement of students must take into account the kinds and level of ability of the students admitted. Previous grades, rank in class, results of standardized aptitude and achievement tests, recommendations of professors and others, as well as evidences of special interests and abilities are commonly employed measures for assessing student readiness for study in a professional school.

The measures of progress employed as the student moves through the institution will vary with the purposes of the institution. Some institutions place heavy emphasis on intellectual growth; others may be equally concerned with change in various non-intellectual variables - attitudes, values, motivations and personality traits. An institution should utilize a range of evaluative techniques sufficient to include the range of desired outcomes.

Results of standardized tests may be useful measures of student achievement, but because of differences among institutions in purpose and clientele, comparisons with other institutions on the results of such tests must be made with caution. The more important measure of institutional accomplishment is the progress made by its students toward desired goals rather than the absolute level of student achievement.

Data on performance of graduates is a useful measure of student achievement to the extent that the preparation of students for further formal study is an accepted purpose of an institution. Followup studies of alumni indicating those who go into general practice, enter various specialties, or return to the academic world may provide data useful for evaluative purposes.

The basic obligation of an educational institution is to move the student as far as possible toward desired goals, due account being taken of the level of his accomplishment at time of entrance and his apparent

potential for growth. Essential to the attainment of this end is the maintenance of harmonious, smooth-functioning relationships among the several offices of the institution and within the faculty; congruence among the policies governing the various aspects of the institution's work - student admissions and retention, the programs of instruction, the student services and so forth; and internal consistency in the interpretation of policies as demonstrated in the processes and practices through which the institution's work is carried on.

CLINICAL FACILITIES AND EXPERIENCES. The clinical experiences of the student of osteopathic medicine may take place in several different types of situations including hospitals or ambulatory care settings. These experiences provide the laboratory of professional practice. Hence, each facility must have the following interrelating and mutually supporting functions:

1) Provision of health care of high quality; and
2) Provision, under careful and sensitive supervision, of educational experiences for the medical students.

Unless the health care provided is clearly of high quality, the facility should not be used for educational purposes. In their educational role, the facilities should:

1) Provide the student with laboratory experience in clinical medicine in a variety of environments and circumstances.
2) Provide a milieu for the student to observe, participate in, and understand the relationships of the physician, other members of the health care team, patient, patient's family and community.
3) Include diagnostic, therapeutic and teaching tools of high quality that are sufficient in number.

4) A volume and variety of cases such as to provide the students with full and well-rounded experiences, and

5) Demonstrate utilization of all available resources in comprehensive health care.

In all of his educational experiences, the student should observe or sense moral responsibility and the professional capability and liability of the physician and other health care professionals.

It is essential that the student experiences involve a problem-solving approach to patient care. This approach incorporates history taking which includes the developing physician/patient relationship and the interviewing techniques and skills displayed It includes observation and participation in the total physical examination of which an essential part is the musculo-skeletal examination. Familiarity with and experience in interpretatior of laboratory data (including EKG, EEG and so forth) is a part of this problem-solving approach as is the X-Ray examination and other pertinent procedures.

There should be some delineation of the comprehensiveness and continuity of the care rendered in the clinical setting which is adequate for the student to become familiar with the issues of chronic care. Health care professionals other than physicians may play a significant role in clinical education, both in regard to their specialty and in giving actual experience in the health team approach to diagnosis and treatment.

Affiliation agreements between the college and the institution are required and should stipulate the educational objectives to be achieved, the program to be implemented, the faculty responsible for the education and the evaluation procedures utilized. The educational program and the faculty shall be under the supervision of the college. The hospitals

shall be accredited and approved for postdoctoral training by the American Osteopathic Association.

The means and the nature of the evaluation of the progress of the student physician toward clearly specified goals is a central element in the clinical experience. It is essential that the evaluation be carefully done for each student; first, as a feedback to the student and as a motivating factor in improving his performance and his insight into it. Second, the evaluation must ensure that the role assigned to the student in a clinical situation is fulfilled in full recognition by the student of his responsibilities both in learning about and in promoting effective patient care. And, finally, the evaluation must, on a cumulative basis, document that the student is indeed acquiring the attitudes, values, ethics, understanding and competencies essential to effective performance as a physician. Delineation of the levels of competence expected at each phase of the clinical education program is of crucial importance in directing student attention to the purposes of the experience and evaluation of effective performance. The evaluation of the clinical experience must include all aspects of that experience. The efficiency of that experience for student learning depends, to a large degree, upon the calibre of supervision given by faculty clinicians and the quality of the care provided in the clinical facilities. Hence, evaluation of the educational program, and evaluation of the quality of patient care provided are interrelated, complementary and reinforcing aspects of the planning and evaluation of the clinical education experiences.

APPENDICES

APPENDIX A

EDUCATIONAL STANDARDS FOR COLLEGES OF OSTEOPATHIC MEDICINE

(Approved by the Board of Trustees of the American Osteopathic Association)

July, 1973

OBJECTIVES

The objectives of an approved college of osteopathic medicine which shall be published in each issue of its official catalog are:

To provide its students with an educational program which will assure their development into competent osteopathic physicians;

To contribute to the advancement of knowledge and the development of the osteopathic contribution to medicine through research programs;

To create opportunities for continuing study for the development of teachers, investigators and physicians;

To contribute to the community by providing distinctive health care.

ACCREDITATION

The accrediting agency is the Bureau of Professional Education of the American Osteopathic Association. The college shall afford to authorized representatives of the American Osteopathic Association opportunities to study and evaluate all aspects of its educational program.

Records of information on students and faculty shall be sent by the college annually to the Office of Education of the American Osteopathic Association.

ORGANIZATION

A college of osteopathic medicine shall be incorporated as a non-profit institution. The governing body shall be the Board of Trustees. Included as members of the Board of Trustees shall be a strong representation of laymen interested in the advancement of the objectives of the college. Members or officers of the Board shall not enjoy financial

advantage from the operation of the college or its associated teaching hospitals. The members of the Board shall serve sufficiently long terms so that continuity of the institution's program will be carried out without precipitant change in policies. The Board of Trustees, the responsible corporate body, is required to establish policies for the director and guidance of the administration, the educational and research activities of the institution, and its health facilities.

The institution shall be organized to conform to accepted standards of professional education regarding educational programs, business management, faculty and professional staff.

An accredited college of osteopathic medicine shall demonstrate adequate financial resources to operate an acceptable educational program.

The college shall be under the direction and supervision of executive officers, selected because of their particular training and experience and capable of interpretation and application of standards for osteopathic medical education. The academic dean or Vice President of Academic Affairs must have an earned D.O. degree. Appointment and promotion of the administrative staff and the faculty shall be approved by the Board of Trustees upon recommendations of its executive officers after consultation with the faculty.

A teaching faculty shall be selected and maintained by the Board of Trustees based upon the recommendation of the appropriate department chairman and the administrative officers. In the selection of faculty, consideration shall be given to training, experience, interest and ability in teaching and research. The selection of faculty and administrative personnel shall not be determined by race, sex, color, religion, creed or national origin.

A system of student counseling with advisers shall be established, and opportunities for frequent consultation among members of the administration, the faculty, and of the student body shall be provided.

A faculty handbook shall be published and periodically revised to include the following information: appointment procedure, tenure, promotion, retirement, leaves of absence, insurance, vacation, job description, academic freedoms, responsibility, relationship to superiors and termination of employment.

A catalog shall be published at least every other year and include the following: courses offered, time schedules, faculty members, entrance requirements, tuition fees, refund policy, list of current students, policy pertaining to promotion and graduation, academic freedom, rights and responsibilities of students and such general information as is necessary to the student body.

FACILITIES

A college must have for its use properly maintained buildings to provide adequate lecture rooms, teaching and research laboratories, library, clinics, storage and record rooms, adequate offices for necessary personel and a hospital which provides inpatient and outpatient facilities. These facilities will be major determinants of the number of students for which the institution can adequately provide an educational program.

The medical library shall include current texts, reference books, audio-visual aids, periodicals and other materials related to teaching and research. A qualified librarian shall be employed to supervise and develop the library.

The college shall appoint those who direct the clinical teaching at affiliated teaching hospitals and shall supervise the staff concerned with teaching in such hospitals, in order that students may be properly guided in their contact with patients. In order to be affiliated, the hospital shall be accredited by the American Osteopathic Association and approved for intern and/or residency training programs. This shall not exclude other satisfactory clinical facilities from being utilized for clinical education.

STUDENTS

A candidate for admission to a college of osteopathic medicine shall successfully complete not less than 75 percent of the credits needed for a baccalaureate degree from a college or university accredited by a regional educational association.*

Any academic credits evaluated and accepted by accredited undergraduate colleges and universities toward their degree requirement and placed on their transcripts are acceptable by the colleges of osteopathic medicine.

Students accepted for admission must have completed the following prerequisites prior to registration: one academic year or its equivalent in English, physics, biology, general chemistry and organic chemistry.

*Undergraduate college programs are accredited by the following regional educational associations:

Middle States Association of Colleges and Secondary Schools
New England Association of Colleges and Secondary Schools
North Central Association of Colleges and Secondary Schools
Northwest Association of Secondary and Higher Schools
Southern Association of Colleges and Secondary Schools
Western College Association

It is desirable that the elective subject afford a broad educational and cultural background.

All transcripts of records from undergraduate and professional colleges shall be obtained directly from such colleges. Transcripts presented directly by the applicant will not be acceptable.

In addition to the academic requirements listed above, applicants to colleges of osteopathic medicine shall be selected on the basis of academic performance, motivation toward the osteopathic school of medicine and personal qualifications. The selection of students for admission to an accredited college of osteopathic medicine shall not be determined by race, color, sex, religion, creed, or national origin.

With the consent of the American Osteopathic Association, upon due individual consideration, not more than 50 percent of the requirements of advanced time credit for graduation may be accorded advanced credit to students presenting credentials from other than osteopathic professional schools. Neither time credit nor course credit shall be accorded, unless such credit can unmistakably be interpreted as the equivalent of courses in the same subjects over the same period of time in the colleges of osteopathic medicine which grant the credit. In no case shall consideration for advanced credit be given to such a student in the event that he is ineligible for readmission to his previous college.

Credits to be granted and regulations to be followed in the transference of students from one college of osteopathic medicine to another shall be in accordance with the regulations of the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine.

Each student shall be required to be in actual attendance in the institution during the time required for his professional study unless time credit has been accorded for work actually pursued in attendance at

another college of osteopathic medicine approved by the American Osteopathic Association or in other similarly approved colleges. Students shall complete at least the last year of their professional course in the college which confers the degree.

Records of preliminary education and certification thereof shall be kept on file permanently and be available for examination by proper officials. The system of records shall show progress reports and any other notations useful in evaluating each student.

Any exceptions from these requirements must be approved by the Committee on Colleges of the American Osteopathic Association.

CURRICULUM

The curriculum of a college of osteopathic medicine shall be designed to fulfill the objectives as stated in this document.

Because of the distinctive osteopathic contribution to medicine, each college of osteopathic medicine is required to include courses dealing with the history and development of the osteopathic profession, as well as courses developed to teach the distinctive osteopathic approach to the patient in the maintenance of health and the prevention, diagnosis and treatment of diseases. It shall be designed to provide an educational program which will assure the development of osteopathic physicians. Each college is encouraged to develop distinctive courses and programs which will serve this purpose.

The education of clinical clerks shall take place under the supervision of the administrative officers of the college in facilities specifically approved by the American Osteopathic Association.

The total education of a student at the time of graduation shall have included as a minimum, the basic science and clinical materials which follow:

HISTORY, BASIC THEORY AND PRACTICE OF OSTEOPATHIC MEDICINE	MEDICINE
HUMAN ANATOMY	PEDIATRICS
BIOCHEMISTRY	OBSTETRICS AND GYNECOLOGY
PHARMACOLOGY	PREVENTIVE MEDICINE
PHYSIOLOGY	PUBLIC HEALTH
PATHOLOGY	PSYCHIATRY
MICROBIOLOGY	SURGERY
PHYSICAL DIAGNOSIS	RADIOLOGY
CLINICAL AND LABORATORY DIAGNOSIS	MEDICAL ETHICS AND LEGAL MEDICINE

All instruction shall emphasize the basis for osteopathic medicine and total health care in order to enable graduates to enter into currently accepted practice of osteopathic medicine.

DEGREES

The Board of Trustees of an approved college of osteopathic medicine shall confer the degree of Doctor of Osteopathy (D.O.) upon those who have satisfactorily completed the requirements for graduation and have been recommended for graduation by the faculty.

An approved college of osteopathic medicine may also grant honorary degrees, or degrees-in-course of such nature as shall be warranted by programs of study undertaken in whole or in part in the college or under its auspices.

APPENDIX B

CRITERIA FOR MEMBERSHIP
ON THE
BOARD OF TRUSTEES
BUREAU OF PROFESSIONAL EDUCATION
COMMITTEE ON COLLEGES
COUNCIL ON OSTEOPATHIC EDUCATIONAL DEVELOPMENT
COMMITTEE ON BASIC DOCUMENTS

BOARD OF TRUSTEES

The Board of Trustees is composed of twenty-two members, President, President-elect, and the first, second and third Vice-Presidents all serving one year terms elected annually by the House of Delegates. The immediate Past-President for the preceding two years are also members of the Board of Trustees. There are fifteen members, known as Trustees, who serve for terms of three years, five being elected annually by the House of Delegates. The Board of Trustees must be osteopathic physicians who are members in good standing of the American Osteopathic Association, their divisional and local societies.

BUREAU OF PROFESSIONAL EDUCATION

The Bureau of Professional Education consists of the following membership. A Chairman, the Chairman of the Committee on Postdoctoral Training, the Chairman of the Subcommittee on Intern Training, the Chairman of the Subcommittee on Residency/Osteopathic, Residency/Non-Osteopathic, and Preceptorship Training, the Chairman of the Committee on Colleges, the Chairman of the Committee on Continuing Medical Education, the Chairman of the Advisory Board for Osteopathic Specialists, a representative from the American Association of Colleges of Osteopathic Medicine,* a representative of the National Board of Examiners for Osteopathic Physicians and Surgeons,** an educator-at-large, and three representatives of the public-at-large.

*Footnotes:

* Appointment is made from nominees submitted by the American Association of Colleges of Osteopathic Medicine.

**Appointment is made from nominees submitted by the National Board of Examiners of Osteopathic Physicians and Surgeons.

All of these are appointed annually by the President of the American Osteopathic Association with the advice and consent of the Board of Trustees. Additionally, one osteopathic physician who is an educator-at-large is appointed for a three year term in like fashion every third year.

COMMITTEE ON COLLEGES

The Committee on Colleges consists of nine members who serve for three year terms. Five representatives are practicing osteopathic physicians, members in good standing of the American Osteopathic Association, their district and local societies. Four members are representatives of the American Association of Colleges of Osteopathic Medicine, either faculty or administration. Appointment is made from nominees submitted by the American Association of Colleges of Osteopathic Medicine. The members are appointed by the President of the American Osteopathic Association with the advice and consent of the Board of Trustees. The Chairman is appointed annually by the President in the same fashion.

COUNCIL ON OSTEOPATHIC EDUCATIONAL DEVELOPMENT

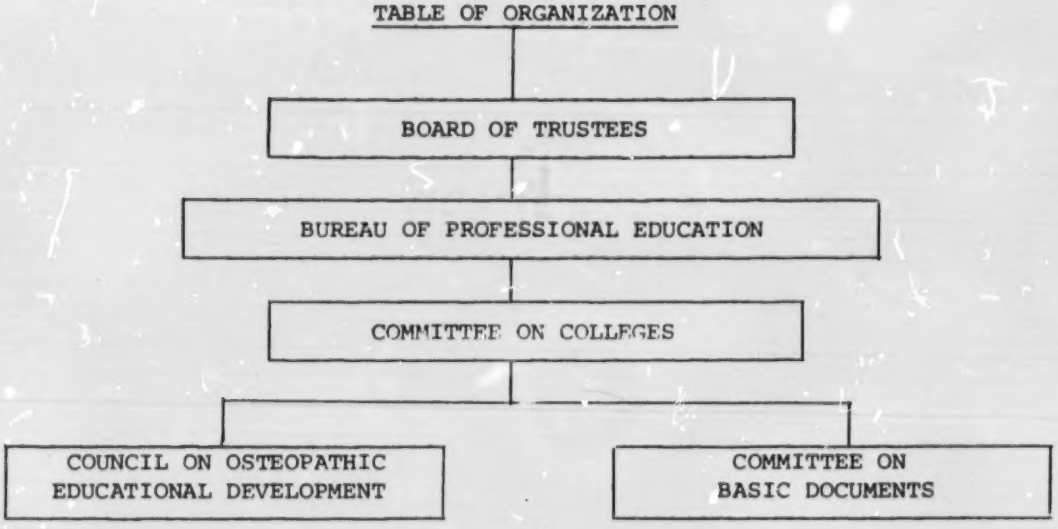
The Council on Osteopathic Educational Development consists of three members appointed annually by the President of the American Osteopathic Association with the advice and consent of the Board of Trustees. The Chairman of the Bureau of Professional Education and the Committee on Colleges are resource individuals who participate in the activities of the Council without vote. Members are selected based upon their knowledge, experience and expertise in the area of institutional development.

COMMITTEE ON BASIC DOCUMENTS

The Committee on Basic Documents consists of six members who serve for three year terms. The members include one representative each from the Committee on Colleges, American Association of Colleges of Osteopathic Medicine, the Council on Osteopathic Education Development, and the public. Two individuals are appointed as D.O. at large members. The Chairman is appointed annually by the President of the American Osteopathic Association with the advice and consent of the Board of Trustees. The committee is charged with assessing the validity and reliability of college accreditation standards, policies and procedures. This committee reports to the Committee on Colleges.

APPENDIX B

TABLE OF ORGANIZATION



APPENDIX C

BASIC INSTITUTIONAL DATA

The following list is suggestive of at least some of the data which should be included and analyzed in the self-study. This list is suggestive rather than definitive and should not be followed in any routine manner.

1) HISTORY AND PURPOSES

   a. Brief history of the institution.

   b. Definition of the institution's educational task.

   c. Recent changes in definition of educational task and contemplated changes.

2) BASIC DOCUMENTS

   a. Investigate the original charter and any subsequent changes; investigate changes in the bylaws of the Board of Trustees.

   b. Review of the status of recognition by state licensing authorities.

   c. An appraisal of the alumni organization of the college, including bylaws thereof.

3) CONTROL AND ADMINISTRATION

   a. Sponsorship of the institution. Indicate the defined service area (local, state, regional, national).

   b. Role of the board of control of the institution.

   c. Relationship of the board of control to other boards exercising some measure of control over the institution, e.g., coordinating boards.

   d. Composition of the board of control, size, term of office, occupation and date of initial appointment for each board member. Are board members elected or appointed? By whom?

   e. List of administrative officers and their responsibilities.

   f. List of faculty standing committees and the chairman of each. Describe the duties and responsibilities of each committee and indicate how the chairman and members are selected.

4) FINANCIAL RESOURCES

a. Current operating statement, educational and general income expenditures for the past three years.

b. History of institutional indebtedness.

5) PHYSICAL PLANT

a. Description of physical plant and facilities.

b. Significant additions to plant in the last five years and methods of financing the additions.

c. Plans for further additions to plant and contemplated plans for financing the additions.

d. Summary of available data on space utilization.

6) LIBRARY OR LEARNING RESOURCES

a. Number and distribution of volumes, nonprint media and number of periodicals to which the institution currently subscribes.

b. Data on use of the learning resources.

c. Provisions for instructing students in the use of the learning resources.

d. The learning resource center staff, their education and their experience.

e. Learning resources budget.

7) FACULTY

a. Faculty appointment policies and procedures. Attach copy of faculty contract.

b. Number of faculty who have been added to the staff and number who have left the institution including reasons for leaving, during the last two years.

c. Teaching loads for full-time and part-time instructional staff.

d. Faculty tenure policies, including reasons for dismissal and procedures followed in dismissing persons or indefinite tenure.

e. Data on faculty salaries by rank.

f. Provisions for faculty retirement, insurance and other fringe benefits.

g. Provisions for sabbatical and other leaves of absence. Provisions for renumeration while on leave. Number of faculty currently eligible for leaves and number on leave.

h. Adequacy of faculty office space. Provisions for stenographic and clerical assistance and for student assistance.

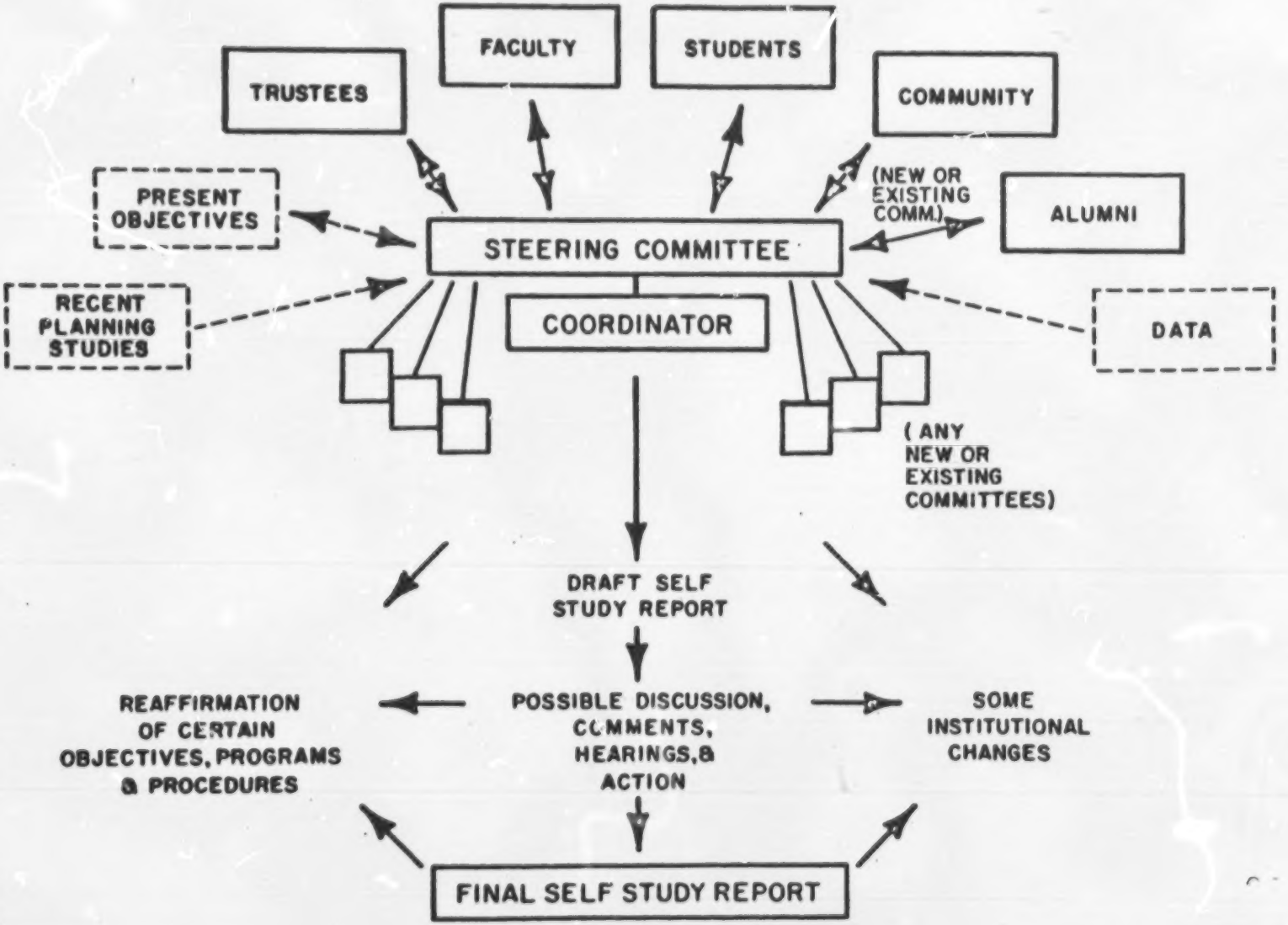
i. Faculty data on earned degrees and amount and types of experience held by the faculty, amount of graduate study and types of institutions represented by such advanced study.

j. Evidences of scholarly attainment on the part of the faculty, e.g., research, publications, honors.

k. Arrangements for and extent of faculty participation in meetings of learned and/or professional societies.

APPENDIX D

ORGANIZATION & FLOW OF SELF STUDY



APPENDIX E

CONTENTS SUGGESTED FOR SELF-STUDY REPORT

SECTION I NATURE OF THE INSTITUTION

An Overview of the College
Program Objectives
Recent Developments and Improvements
Plans for Future Development

SECTION II ORGANIZATION AND ADMINISTRATION

(Is the College Well Organized to Carry Out Its Educational Tasks?)

Operational Standards and Control
Definition of Administrative Positions and Functions
Policy Determination and Implementation
Organizational Pattern

SECTION III FACULTY

(Are the College's Policies and Practices Such as to Foster High Faculty Morale and Performance?)

Faculty Cooperation
Faculty-Student Contacts
Faculty Assignment Policies
Full-time Faculty Profiles
Faculty Involvement
Faculty Review
Part-time Faculty Profiles

SECTION IV STUDENTS

(Is Student Achievement and Student Life on Campus Consistent with the Purposes of the College?)

Student Files
Admission and Retention Standards
Student Advisement and Counseling
Student and Alumni Involvement
Evaluation of Students and Graduates
Student Activities

SECTION V CURRICULUM

(Are Programs of Instruction Adequate in Kind and Quality to Serve the Purposes of the Institution?)

Medical Education Programs
Relevance of Subjects to Practice of Osteopathic Medicine
Institutional Contacts with Hospitals
Cooperation with Practicing Physicians
Clinical Experiences
Cognate Disciplines

APPENDIX F

INSTITUTIONAL DATA SUMMARY

SELF-EVALUATION FORM

(Annual Report to the Committee on Colleges from Colleges of Osteopathic Medicine not Visited or Reviewed During the Present Academic Year, 19__ to 19__.)

1. Name of college: _____

2. Submit the last audited financial statement for the present academic year. (EXHIBIT A)*

3. What changes have been made in terms of faculty, administration and supportive personnel? Identify each and provide information as to duties and responsibilities, contact hour load and related, where applicable. (EXHIBIT B)

4. List the affiliated hospitals and the clerkship program conducted in each. (EXHIBIT C)

5. Has the curriculum been modified in any way? If so, identify each area concerned and what was done. (EXHIBIT D)

6. Have there been any major changes in instructional practices? If so, identify and explain. (EXHIBIT E)

7. What curriculum modifications are being planned? What is the rationale for these? (EXHIBIT F)

8. Are any major studies or evaluations of any aspects of the program under way or recently completed? If so, identify and indicate nature and results briefly. (EXHIBIT G)

9. What changes in the physical plant have been completed or will be by the close of the academic year? (EXHIBIT H)

10. What changes in the physical plant are planned and when will work commence? Identify and describe. (EXHIBIT I)

11. Describe in detail what implementations have been made regarding recommendations and/or requirements made during the last survey or visitation. (EXHIBIT J)

12. Describe any changes in entrance requirements enacted or planned during the academic year. (EXHIBIT K)

13. Describe changes in enrollment (numbers) reflecting all classes; especially freshmen, advance standing and special students. Also, what are your enrollment projections for the next three years? (EXHIBIT L)

14. Are there any other special problems or concerns currently under discussion? If so, state what they are. (EXIBIT M)

_____

PRESIDENT or DEAN (if college does not have a president)

_____

DATE SUBMITTED

Upon completion, return the original copy of all documents to the Office of Osteopathic Education, the American Osteopathic Association, 212 East Ohio Street, Chicago, Illinois 60611.

*PLEASE PUT TOGETHER ALL ITEMS PERTAINING TO A PARTICULAR REQUEST AND LABEL THEM AS EXHIBIT A, B, ETC.

APPENDIX G

AMERICAN OSTEOPATHIC ASSOCIATION

Office of Osteopathic Education

THE COLLEGE OF OSTEOPATHIC MEDICINE ACCREDITATION PROCESS

DOCUMENTS REQUEST LIST

PART A

Up-to-date copies of documents listed below are to be sent by the college directly to the Office of Osteopathic Education prior to a site visit unless they have been previously submitted.

a. Articles of incorporation, charter, and/or formal authority.

b. The Institutional Self-Study Report (including abstract). The report shall consist of a synoptic statement of important components found in the study in regard to the following:

   Clinical experiences, administration and organization (including current table of organization), job description and position description, finance, library/audio visual, and students, as well as curriculum and faculty profile.

c. Latest institutional catalog.

d. Faculty and Student Handbook.

e. College Calendar.

f. Affiliation agreements for clinical training.

g. Indication of requested number of students to be enrolled in the next academic year.

PART B

Updated copies of the documents listed below are to be made available on campus at an office set aside by the college for the use of the visiting team:

a. Budget for the current year (including salaries, expenditures and indebtedness).

b. Debt retirement position and plans, should any such debt exist.

c. Audit for the last completed fiscal year.

d. By-laws or statutes of the college.

e. Board of Trustees minutes for the last three years, plus Standing Committee minutes of the Board of Trustees.

f. Minutes of all standing committees of the college during the last three years such as: Admissions, Promotions, Curriculum, etc.

g. Reports of the major health units of the college to the president, such as: clinics, hospitals, affiliations, clinical clerkships, preceptorships.

h. Reports of the major units of the college to the dean (including a summary of class sizes and student hours).

i. President's annual reports for the past three years.

j. Recent self-studies of parts of the institution (if in process).

k. Lists of student council representatives and student government officers.

l. Student personnel records.

m. Current catalog.

n. Schedules of basic science and clinical programs.

o. Course syllabi.

p. Faculty Handbook.

q. Other data the institution feels will help to represent the nature of the college.

APPENDIX H

AMERICAN OSTEOPATHIC ASSOCIATION

Office of Osteopathic Education

THE COLLEGE OF OSTEOPATHIC MEDICINE ACCREDITATION PROCESS

The Visiting Team Final Report Format

NAME OF CHAIRMAN _____

COLLEGE VISITED _____

DATES _____ TYPE OF VISIT _____

I. INTRODUCTION

In a few brief paragraphs, review the college's accreditation history, an outline of base data and the purpose of the present visit.

II. AREAS INVESTIGATED

Taking one area at a time (Curriculum, Students, Finances, etc.) list the past recommendations for this area.

III. FINDINGS

For the areas discussed under number "II" above, give the findings reported by the consultant in order of importance. Under each finding, also identify any strengths or weaknesses.

IV. RECOMMENDATIONS

In this section list the recommendations which follow from the findings reported for the area.

V. SUMMARY

This is your opportunity as Chairman of the team to project the summary views of your team members and offer your own final thoughts.

SECTIONS II-IV of the report should be based upon the team members' report of their assigned areas and should stand alone with enough data to be basically a mirror of the institution.

APPENDIX H

AMERICAN OSTEOPATHIC ASSOCIATION

Office of Osteopathic Education

THE COLLEGE OF OSTEOPATHIC MEDICINE ACCREDITATION PROCESS

The Individual Team Member Evaluation Report Form

NAME OF TEAM MEMBER _____

COLLEGE VISITED _____

DATES _____ TYPE OF VISIT _____

I. AREAS INVESTIGATED

Under a main heading for each area (Curriculum, Student Service, Finances, etc.), list the past recommendations. Quote directly from previous report.

II. FINDINGS

For each area give a series of statements as to what was found. Try to determine whether previous recommendations for the area in question were followed or the nature of the attempt made. Rank the statements in order of importance with the most important first. Under each finding, also identify any strengths and weaknesses. You may wish to applaud in this section some aspect(s) of the area you have reviewed.

III. RECOMMENDATIONS

Recommendations you wish to make should follow the stated findings.

IV. SUMMARY

Ar opportunity for you to make helpful general remarks.

NOTE:

THIS FORM IS TO BE USED BY THE CHAIRMAN WHEN COMPILING THE TEAM REPORT.

APPENDIX I

POLICIES GOVERNING RECONSIDERATION OR APPEAL OF ACCREDITATION ACTION

1. Requests for reconsideration of a decision of the Bureau of Professional Education regarding the accreditation status of a college shall be filed with the Secretary of the Bureau of Professional Education not more than thirty days following receipt of notice to the institution of actions taken by the Bureau of Professional Education. The request for reconsideration shall represent official action of the governing body of the institution concerned. The basis for such requests for reconsideration shall be alleged bias, injustice, departure from established procedures or factual error of sufficient magnitude to warrant reconsideration of the decision. Such allegations shall be supported by documents by the institution making the request. All supporting documents, data and information shall be "as of the date of the visitation." The Bureau's decision at this point will be final.

2. The institution's Board of Governors may, within thirty days of receipt of notice of final action of the Bureau of Professional Education, file an appeal of the decision. The appeal must be filed with the Executive Director of the American Osteopathic Association. The Executive Director shall notify the Committee on Appeals of the Board of Trustees of the receipt of the appeal. The Committee on Appeals is composed of five former Trustees of the American Osteopathic Association, and two representatives of the public, neither of whom are D.O.'s. These two persons shall be

selected by the President of the American Osteopathic Association in consultation with the chief executive officer of the college entering the appeal. They shall be selected specifically for the case at hand.

The Committee on Appeals shall consider the allegations of the bias, injustice, departure from established procedure or factual error and shall study the evidence submitted in writing by the institution in support of its allegations. The Committee shall also consider the report of the visiting team and the institution's response; the recommendations and reasons for the recommendations of the visiting team, the Committee on Colleges and the Bureau of Professional Education. The Committee may also consider other materials which appear to be pertinent. The college may be represented by counsel. The Committee shall then determine whether the allegations are sufficiently well-based to warrant appeal to the full Board of Trustees. It shall submit to the Board of Trustees of the American Osteopathic Association its report and if indicated, recommend an appeal hearing before the full Board of Trustees. Thereupon the Board of Trustees of the American Osteopathic Association, having considered the recommendations of the Committee on Appeals and the supporting materials, shall convene an appeal hearing, take final action and provide a written decision, including a statement of specifics to the Bureau of Professional Education and the chief executive officer of the college accordingly. The public representative on the Committee on Appeals shall be in attendance at the appeal hearing before the full Board of Trustees.

3. The procedure for an appeal hearing shall be as follows:

   a. Appeal shall be held in Executive session of the Board of Trustees including the two persons selected as public representatives to the Committee on Appeals.

   b. The presentation for the Bureau shall be made by the Chairman of the Bureau of Professional Education, with resource assistance from the Chairman of the Committee on Colleges, the Chairman of the visiting team and the Director of the American Osteopathic Association Division of Pre-doctoral Education.

   c. The college shall be represented by three individuals who can best represent the case for the institution (such as the Chief Administrative Officer, Chairman of the Board of Trustees, the Dean of the collete, etc.) The college may be represented by counsel provided notice be given to the Board of Trustees at least ten (10) days prior to the appeal hearing.

   d. The format for the hearing will consist of an initial presentation of the position of the Bureau of Professional Education. The institution will then present its position. Following these presentations time will be afforded members of the Board of Trustees to question both parties. Each party will then be given an opportunity for summation of its position. Upon excusing both parties, the Board will deliberate and reach a conclusion.

4. The action on an appeal by the Board of Trustees shall be limited to one of the following:

   a. Approval of the original decision of the Bureau of Professional Education.

   b. Return to Bureau of Professional Education with directions.

APPENDIX J

LAUNCHING AND COMPLETION OF AN INSTITUTIONAL SELF-STUDY FOR A PROPOSED NEW COLLEGE

The self-study of a newly developing college shall include: already existing osteopathic facilities in the area; undergraduate and graduate institutions; the number of osteopathic physicians in the state and especially in or near (radius of 30 miles) the area of the proposed site; the annual increase of D.O.'s in the state and immediate area; the number of students from the area entering colleges of osteopathic medicine during the past decade; the number of students entering M.D. coleges annually; the number of graduate schools in the state training Ph.D.'s in the various basic science areas; the need for additional physicians in the area or state; the proposed methods of financing the development of a new college, including private philanthropy (both professional and lay public), possibility of state legislative support and support from the federal government. A more detailed outline is available from the Office of Osteopathic Education.

Some of the immediate questions to be answered are as follows:

Will university affiliation be sought?

A tax supported university or a private university?

What sites are available? Costs, advantages, disadvantages?

It probably will be necessary for the organized group of D.O.'s to employ an individual or individuals to prepare the study. It should be submitted to the Self-Study Committee of the Committee on Colleges. If the college is to be affiliated with an existing institution, the study should give details and provide documentation on the part of the parent institution of its intention to add a college of osteopathic medicine and adequate/

fund it. If it is not to be affiliated with an existing college or university, the study should provide details and documentaiton on how the new institution is to be financed.

On the basis of the information available from this study about a proposed new college of osteopathic medicine a site visit may be planned by the Committee on Colleges, to determine the possibility of granting preaccreditation status.

During the visit, the site visitors should advise the institution about the data required for an adequate judgement about pre-accreditation. Such data are listed in the Appendices and in the usual site visit materials lists.

The college should furnish accurate, current data about experience with annual operating costs of osteopathic medical schools, start-up costs and capital development costs of new schools established recently. Such data should be developed by use of annual data collection instruments and pre-planning information. Preferably such studies should be published periodically for general reference.

The visiting team should report to the Committee on Colleges the general details of their observations during the visit and should enumerate the visible assets and deficiencies relative to development of the new school.

A new program in osteopathic medical education will be regarded as a developing college of osteopathic medicine when the following criteria have been demonstrated:

1) Formal action by an appropriate agency or organization involving a commitment to establish a new school. This may involve action by a university and/or a state legislature.

2) Assurance of the financial support needed to make the new school possible, usually involving both construction and operating funds.

3) The appointment of a dean or other chief executive officer.

Following the appointment of the dean, the school will need a period of months to a year or more for accomplishment of early planning of facilities, recruitment of a nucleus of faculty, acquisition of necessary financial resources, mobilization of community resources, etc. The dean should avail himself of consultation available from senior staff and from outside expertise. It would be expected that the dean or Chief Executive Officer would be in contact with the AOA Office of Osteopathic Education to obtain this service and to report progress.

The approval of a site visit report meeting the minimum requirements for pre-accreditation and a favorable recommendation from Committee on Colleges to the AOA Bureau of Professional Education will bring the college into a formal and official relationship with the American Osteopathic Association as a college of osteopathic medicine with pre-accreditation status.